



STUDENT APPLICATION FORM • 2010 (Page 1 of 2)

PLEASE PRINT CLEARLY — USE ALL CAPITAL LETTERS

Name (first) _____ (middle) _____ (last) _____

Address (street) _____ (apt #) _____

(city) _____ (state) _____ (zip) _____

E-Mail _____ @ _____

PLEASE ENSURE YOUR EMAIL ADDRESS IS CORRECT — ALL COMMUNICATIONS WILL BE SENT VIA EMAIL

Home Phone (_____) _____ Birth date ____ / ____ / ____ Gender M F

Mobile Phone (_____) _____ Grade in Fall 2010 _____

Fax (_____) _____ Age in Fall 2010 _____

School Name _____ Address _____

Type of school: Public Private Parochial Home Schooled

Applicant normally lives with: Father Mother Both Other _____

Father or Guardian _____ Mother or Guardian _____

Name _____ Name _____

Address _____ Address _____

Home Phone (_____) _____ Home Phone (_____) _____

Work Phone (_____) _____ Work Phone (_____) _____

Mobile Phone (_____) _____ Mobile Phone (_____) _____

Fax (_____) _____ Fax (_____) _____

E-Mail _____ @ _____ E-Mail _____ @ _____

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Primary Instrument (circle below) No. of Years Played _____ Jazz? Y N

Violin	Viola	Cello	Double Bass	Flute	Oboe	English Horn	Clarinet
Bassoon	Saxophone	Trumpet	Trombone	Euphonium	Horn	Tuba	Percussion
Drum Set	Piano	Guitar	Harp	Voice	Other _____		

Secondary Instrument (check all below) No. of Years Played _____ Jazz? Y N

Violin	Viola	Cello	Double Bass	Flute	Oboe	English Horn	Clarinet
Bassoon	Saxophone	Trumpet	Trombone	Euphonium	Horn	Tuba	Percussion
Drum Set	Piano	Guitar	Harp	Voice	Other _____		

In which musical ensembles have you participated?

- Choir/Chorus Madrigal Choir Jazz Choir Jazz Band
 Orchestra Chamber Orchestra Wind Ensemble Band

Have you participated in any state, local, or other honors ensembles? If so, please list below.

Please list other summer music programs you have attended.

2009 _____

2008 _____

How did you hear of the New York Summer Music Festival? Internet (Site) _____

Teacher/School (Name) _____ Friend/Family (Whom?) _____

Poster (Where?) _____ Newspaper/Magazine Ad (Name) _____

NEW YORK SUMMER
MUSIC FESTIVAL
PO BOX 947
ONEONTA, NY
13820

PHONE
(607) 267.4024

FAX
(888) 632.3221

EMAIL
INFO@NYSMF.ORG

WEB
WWW.NYSMF.ORG

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TEACHER RECOMMENDATION FORM + 2010

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Student's Name _____ Date ____ / ____ / _____

The individual listed above is applying for admission to the New York Summer Music Festival (NYSMF). A recommendation is required for admission to the Festival. Please return this completed form to the student or mail/fax/email it directly to the Festival. Emailed recommendation letters are also accepted. If you require more information about our program, please visit our website (www.nysmf.org) or contact us for a copy of our brochure. Thank you for your assistance.

Teacher's Signature _____ Date ____ / ____ / _____

Teacher's Name _____

Address _____

City _____ State _____ Zip Code _____

Phone (____) _____ E-Mail _____

School Name _____

Address _____

♦ How long have you known the student? _____ YRS

♦ What is your relationship to the student?

Music Teacher Ensemble Conductor Private Lesson Teacher Other _____

Musical Ability	Superior	Excellent	Good	Fair	Weak	N/A
Basic Talent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Technique	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythmic Sense	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Musicality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Potential	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Qualities	Superior	Excellent	Good	Fair	Weak	N/A
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Enthusiasm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

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(please continue on back if needed)



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FINANCIAL AID/SCHOLARSHIP FORM • 2010

If applying for aid, this form must accompany the application form. The NYSMF Financial Aid/Scholarship application is NOT required for application to the festival.

A limited number of scholarships/financial aid packages are available, and will be awarded to students based on need and/or merit. Applications received after the deadline will only be considered based on availability. All applications must be accompanied by copies of the parent(s) or guardian(s) most recently submitted IRS tax returns and W-2 income forms. (Please include copies of each parent's/guardian's tax forms if filed separately. If tax returns were not filed, please submit adequate proof of income, i.e. W-2, 1099, year-end paystubs, etc.) Failure to provide all of the required information and income documentation will disqualify consideration for Financial Aid and Scholarship Assistance.

Financial Aid/Scholarship Applicant Checklist:

- Student application
 Recommendation form
 W-2 or other tax document
 CD recording (1-2 movements of a concerto or short pieces of contrasting styles)

Applicant's Name _____

Please complete this information for the parent(s) with whom you are living:

Mother's Name _____ Father's Name _____

Title/Occupation _____ Title/Occupation _____

Employer _____ Employer _____

Annual Salary _____ Annual Salary _____

Financial Information

Parent(s)' Assets	Current Value	Amount Owed	Annual Payment
Cash, savings and checking accounts	\$ _____	N/A	N/A
Investments (stocks, CDs, money market accounts, etc.)	\$ _____	N/A	N/A
Home (renters: enter monthly rent amount)	\$ _____	\$ _____	\$ _____
Business and/or Farm	\$ _____	N/A	N/A

If parent(s) own a home, in what year was it purchased? _____

What was the purchase price? \$ _____

Number of immediate family members under age 18: _____

Number of siblings in college: _____

Annual contribution towards education, if any: \$ _____
(college or private school tuition)

Financial Aid received? \$ _____

I hereby affirm that all of the information submitted for my New York Summer Music Festival Scholarship and Financial Aid Application is true and accurate to the best of my knowledge. I understand that if I am awarded a scholarship or financial aid, and choose to attend, I will be responsible for paying any additional program fees, cost of course materials, private lesson fees, travel expenses and personal needs.

Applicant's Signature _____ / _____ / _____
Date

Parent / Guardian Signature _____ / _____ / _____
Date

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