



NEW YORK SUMMER  
MUSIC FESTIVAL  
PO BOX 947  
ONEONTA NY  
13820

PHONE  
607.267.4024

FAX  
888.632.3221

EMAIL  
INFO@NYSMF.ORG

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WWW.NYSMF.ORG

Please ensure your  
email address  
is complete,  
correct, and  
legible. All NYSMF  
correspondence is  
sent via email.

## STUDENT APPLICATION FORM • 2009 (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 HANDLED VIA EMAIL

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender ☐ M ☐ F

Mobile Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Grade in Fall 2009 \_\_\_\_\_

Fax ( \_\_\_\_\_ ) \_\_\_\_\_ Age in Fall 2009 \_\_\_\_\_

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 \_\_\_\_\_ @ \_\_\_\_\_

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

Primary Instrument (circle below) No. of Years Played \_\_\_\_\_ Jazz? ☐ Y ☐ N

Sop Voice	Alto Voice	Tenor Voice	Bass Voice	Oboe	Flute	Clarinet	Bassoon
Saxophone	Horn	Trumpet	Trombone	Euphonium	Tuba	Percussion	Drum Set
Piano	Harp	Guitar	Violin	Viola	Cello	Bass	Other

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

Sop Voice	Alto Voice	Tenor Voice	Bass Voice	Oboe	Flute	Clarinet	Bassoon
Saxophone	Horn	Trumpet	Trombone	Euphonium	Tuba	Percussion	Drum Set
Piano	Harp	Guitar	Violin	Viola	Cello	Bass	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.

2007 \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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## STUDENT APPLICATION FORM • 2009 (Page 2 of 2)

Session(s) you plan to attend (please check all that apply):

- ☐ Session I (Jun 28 – Jul 11) ☐ Session II (Jul 12 – Jul 25) ☐ Session III (Jul 26 – Aug 8)
- ☐ Composition Program ☐ Composition Program ☐ Composition Program
- ☐ Classical Saxophone Institute ☐ International Flute Institute
- (Session I only) (Session III only)

Application Fee	Before May 15	<input type="checkbox"/> \$ 60
(non-refundable)	After May 15	<input type="checkbox"/> \$ 90
Tuition	2 Week Resident	<input type="checkbox"/> \$ 1,600
	4 Week Resident	<input type="checkbox"/> \$ 3,000
	6 Week Resident	<input type="checkbox"/> \$ 4,400
	2 Week Day	<input type="checkbox"/> \$ 1,100
	4 Week Day	<input type="checkbox"/> \$ 2,000
	6 Week Day	<input type="checkbox"/> \$ 2,900
Activity Fee (\$40/session)	1 session/\$40; 2 sessions/\$80; 3 sessions/\$120	<input type="checkbox"/> \$ _____
Private Lesson Fee (\$70 hour + \$35 1/2 hour)		
Instrument	Classical Jazz No. of hours No. of 1/2 hours	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> \$ _____
_____	<input type="checkbox"/> <input type="checkbox"/> _____	<input type="checkbox"/> \$ _____
Festival Bank Deposit (optional: students may withdraw daily)		<input type="checkbox"/> \$ _____
Instrument Rental (\$50/week)	Instrument _____	<input type="checkbox"/> \$ _____
	No. of Weeks _____	<input type="checkbox"/> \$ _____
International Flute Institute Tuition		<input type="checkbox"/> \$ 1,400
TOTAL AMOUNT DUE		\$ <span style="border: 1px solid black; padding: 2px 20px;"> </span>

- You will be notified of your acceptance via email. Please make sure your email addresses on page 1 of this application are correct & legible.
- Please make all checks payable to NYSMF.
- Upon acceptance, a \$400 tuition deposit is due (non-refundable after May 15).
- All balances are due in full by May 15, 2009. Personal checks will not be accepted after this date.
- Registration after May 15, 2009 must be accompanied by payment in full by money order or certified check.
- Applications sent without an application fee will not be processed.
- For your convenience, NYSMF accepts credit card payments for an additional fee (3% of total).

### Credit Card Information

PLEASE INCLUDE ALL REQUESTED INFORMATION TO ENSURE SUCCESSFUL PROCESSING

☐ Visa ☐ MasterCard ☐ Discover ☐ American Express

Cardholder Name \_\_\_\_\_

Address \_\_\_\_\_

Card No. \_\_\_\_\_ Exp. Date \_\_\_\_ / \_\_\_\_

Card Security No. \_\_\_\_\_ Amount: \$ \_\_\_\_\_

If admitted, I agree to abide by the rules of the New York Summer Music Festival and supply necessary forms as requested. I understand that no deductions or refunds will be made for late arrival, early departure, or expulsion for disciplinary reasons.

\_\_\_\_\_  
Applicant's Signature Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_  
Parent / Guardian Signature Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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## TEACHER RECOMMENDATION FORM • 2009

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 complete and return this completed form to the student or send it directly to the Festival as soon as possible. We accept recommendations via mail, email, or fax (toll-free). If you require more information about our program, please visit our website ([www.nysmf.org](http://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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## FINANCIAL AID/SCHOLARSHIP FORM • 2009

*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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email address  
is complete,  
correct, and  
legible. All NYSMF  
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