

APPLICATION FORM YOUNG ARTIST COLLEGIATE PROGRAM 2017-2018

VANCOUVER ACADEMY OF MUSIC S. K. LEE COLLEGE

1270 Chestnut Street Vancouver BC V6J 4R9 Canada FAX 604 731 1920 • TEL 604 734 2301 www.college.vam.ca email: college@vam.bc.ca

DATE]			MALE	: 🗆 F	EMALE
DATE				ĺ			
SURNAME (legal)		FIRST NAME			IIDDLE NAME		
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SOCIAL INSURANCE NUMBER		EMAIL ADDRESS			TELEPH	HONE	
DATE OF BIRTH: DD-MM-YYYY		COUNTRY OF BIRTH		CITIZENSHIP		CANADIA	N RESIDENCY STATUS **
						* If not Cana	dian indicate status in Canada:
					F	ermanent Re	esident or on a Canada Study Permit?
CURRENT MAILING ADDRESS		 CITY/F	PROVINCE		POSTAL CODE		COUNTRY
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PERMANENT MAILING ADDRESS (I	F DIFFERENT)	CITY/F	PROVINCE	i	POSTAL CODE	1	COUNTRY
PARENT OR GUARDIAN CONTACT	INFORMATION	ADDRESS		TELEP	HONE	EMAIL A	ADDRESS
CHECK MAJOR FIELD OF STUDY:							
☐ PIANO	☐ DOUBLE BAS	з П	HORN	Γ	☐ OTHER		
☐ HARP	□ OBOE		TRUMPET		- OTTEN		
□ VIOLIN	☐ CLARINET		TROMBONE				
□ VIOLA	☐ FLUTE		TUBA				
☐ VIOLINCELLO	☐ BASSOON		PERCUSSION		TEACHER PREFERENCE	E	
ARE YOU CURRENTLY TAKING PR	IVATE MUSIC LESSON	163					
ARE TOO CORRENTET TARRING FIX	IVATE MOSIC LESSON	10:	☐ YES		□ NO		
IF YES, NAME OF TEACHER			TEACHER CON	NTACT INFO			
ARE YOU CURRENTLY ENROLLED	IN A SCHOOL OF MUS	SIC?	☐ YES		□ NO		
			TES		□ NO		
IEVED MANE OF COLUMN			0011001 4555	2500			
IF YES, NAME OF SCHOOL			SCHOOL ADDF	7500			
PLEASE PROVIDE DETAILS OF AN	Y AWARDS, SCHOLAR	SHIPS, ETC. THAT YOU	MAY HAVE RECE	EIVED:			
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RECEIVED FROM					DATE	RECEIVED	

HIGH SCHOOL ATTENDED NAME AND ADDRESS			FROM (MM-YYYY) TO		TO (MM-YYYY)		GRADUATION YEAR	
						0.0.0		
MUCIC EDUCATION	/Di							
	(Please arrange chronologically and inc						TO (MM VOVO)	
SUBJECT	PRIVATE TEACHER/SCHOOL	A	DDRESS		FROM (MI	VI-YYYY)	TO (MM-YYYY)	
					1			
GENERAL EDUCATION	ON (Other educational experiencessu	ımmer programs, language s	tudy, etc)					
WHAT IS YOUR ULTII	MATE AIM IN STUDYING MUSIC?							

AUDITION PROGRAM	
Important: This section is to be filled out by all applicants. A	applicants must arrange a specific time for audition by emailing <college@vam.bc.ca></college@vam.bc.ca>
Requirements: Two contrasting works not to exceed a comb	pined duration of 20 minutes.
NAME OF COMPOSER	TITLE OF WORK
REPERTOIRE	
This section MUST BE COMPLETED BY ALL applicants. repertoire. Technical studies should be included. Please atta	Please list below the music you have studied and which you consider a part of your ach an extra page if necessary.
NAME OF COMPOSER	TITLE OF WORK
Send your completed application papers and fees to:	
College Admissions Vancouver Academy of Music 1270 Chestnut Street	
Vancouver, BC V6J 4R9 Canada	Feel free to send forms to our email: college@vam.bc.ca
It is understood and agreed that the filing of this applicat	tion does not obligate the Vancouver Academy of Music to provide an audition.
SIGNATURE OF APPLICANT	SIGNATURE OF PARENT OR GUARDIAN (If applicant is under age 19)
DATE SIGNED	DATE SIGNED

CHECKLIST

Your c	completed Application Form must be sent to College Admissions with all of the following considered:
	Applicant is age 14-18 or entering Grades 9-12 at time of application
	Live audition
	Completed YACP Application Form
	\$100.00 application fee. Please make cheques out to: VAM. Fees can also be paid by etransfer, electronic funds transfer, or wire transfer. For more information on fee payment contact: college@vam.bc.ca
	Secondary school transcript
	Two Evaluation Forms or letters from professional musicians, either teachers or performers
	If English is not the student's first language, proof of English language proficiency (see VAM website for more details)

NOTE

- Candidates accepted for audition will also be interviewed and take an entrance test 40 to 60 minutes in length on music theory knowledge and English skills.
- Applications due: May 31, 2017
- Date of auditions and entrance test: June 2017 (date tba)