



**APPLICATION FORM  
YOUNG ARTIST COLLEGIATE PROGRAM**

**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

		MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
DATE			
SURNAME (legal)		FIRST NAME	MIDDLE NAME
SOCIAL INSURANCE NUMBER		EMAIL ADDRESS	TELEPHONE
DATE OF BIRTH: DD-MM-YYYY		COUNTRY OF BIRTH	CITIZENSHIP
		CANADIAN RESIDENCY STATUS **	
** If not Canadian indicate status in Canada: Permanent Resident or on a Canada Study Permit?			
CURRENT MAILING ADDRESS		CITY/PROVINCE	POSTAL CODE
PERMANENT MAILING ADDRESS (IF DIFFERENT)		CITY/PROVINCE	POSTAL CODE
PARENT OR GUARDIAN CONTACT INFORMATION		ADDRESS	TELEPHONE
		EMAIL ADDRESS	

CHECK MAJOR FIELD OF STUDY:			
<input type="checkbox"/> PIANO	<input type="checkbox"/> DOUBLE BASS	<input type="checkbox"/> HORN	<input type="checkbox"/> OTHER
<input type="checkbox"/> HARP	<input type="checkbox"/> OBOE	<input type="checkbox"/> TRUMPET	
<input type="checkbox"/> VIOLIN	<input type="checkbox"/> CLARINET	<input type="checkbox"/> TROMBONE	
<input type="checkbox"/> VIOLA	<input type="checkbox"/> FLUTE	<input type="checkbox"/> TUBA	
<input type="checkbox"/> VIOLINCELLO	<input type="checkbox"/> BASSOON	<input type="checkbox"/> PERCUSSION	
			TEACHER PREFERENCE

ARE YOU CURRENTLY TAKING PRIVATE MUSIC LESSONS?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF TEACHER		TEACHER CONTACT INFO	

ARE YOU CURRENTLY ENROLLED IN A SCHOOL OF MUSIC?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF SCHOOL		SCHOOL ADDRESS	

PLEASE PROVIDE DETAILS OF ANY AWARDS, SCHOLARSHIPS, ETC. THAT YOU MAY HAVE RECEIVED:	
RECEIVED FROM	DATE RECEIVED
RECEIVED FROM	DATE RECEIVED
RECEIVED FROM	DATE RECEIVED



AUDITION PROGRAM

**Important:** This section is to be filled out by all applicants. Applicants must arrange a specific time for audition by emailing <college@vam.bc.ca>

**Requirements:** Two contrasting works not to exceed a combined duration of 20 minutes.

NAME OF COMPOSER	TITLE OF WORK

REPERTOIRE

This section **MUST BE COMPLETED BY ALL** applicants. Please list below the music you have studied and which you consider a part of your repertoire. Technical studies should be included. Please attach 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 via email : college@vam.bc.ca

**It is understood and agreed that the filing of this application 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 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](mailto: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, 2019
- Date of auditions and entrance test: June 2019 (date tba)