



**COLLEGE APPLICATION FORM 2024/2025**

Music Performance Diploma/B.Mus. transfer & Post-Grad Artist Diploma Programs

|                           |                                                                                              |              |  |
|---------------------------|----------------------------------------------------------------------------------------------|--------------|--|
|                           | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <input type="checkbox"/> |              |  |
| DATE                      |                                                                                              |              |  |
|                           |                                                                                              |              |  |
| SURNAME (legal)           | FIRST NAME                                                                                   | MIDDLE NAME  |  |
|                           |                                                                                              |              |  |
| SOCIAL INSURANCE NUMBER   | EMAIL ADDRESS                                                                                | PHONE NUMBER |  |
|                           |                                                                                              |              |  |
| DATE OF BIRTH: DD-MM-YYYY | COUNTRY OF BIRTH                                                                             | CITIZENSHIP  |  |

|                                                      |               |             |               |
|------------------------------------------------------|---------------|-------------|---------------|
|                                                      |               |             |               |
| CURRENT MAILING ADDRESS                              | CITY/PROVINCE | POSTAL CODE | COUNTRY       |
|                                                      |               |             |               |
| PERMANENT MAILING ADDRESS (IF DIFFERENT)             | CITY/PROVINCE | POSTAL CODE | COUNTRY       |
|                                                      |               |             |               |
| EMERGENCY CONTACT PERSON/<br>RELATIONSHIP TO STUDENT | ADDRESS       | TELEPHONE   | EMAIL ADDRESS |

|                                                              |                                                               |                                               |                        |
|--------------------------------------------------------------|---------------------------------------------------------------|-----------------------------------------------|------------------------|
| STATUS IN CANADA                                             |                                                               |                                               |                        |
| <input type="checkbox"/> CANADIAN CITIZEN/PERMANENT RESIDENT | <input type="checkbox"/> WILL APPLY FOR CANADIAN STUDY PERMIT | <input type="checkbox"/> WORKING HOLIDAY VISA |                        |
| <input type="checkbox"/> STUDY PERMIT                        | <input type="checkbox"/> WORK PERMIT                          | <input type="checkbox"/> VISITOR RECORD       | _____                  |
|                                                              |                                                               |                                               | EXPIRY DATE DD-MM-YYYY |

|                                    |                                      |                                   |                                        |
|------------------------------------|--------------------------------------|-----------------------------------|----------------------------------------|
| CHECK MAJOR FIELD OF STUDY:        |                                      |                                   |                                        |
| <u>VOICE</u>                       | <u>INSTRUMENT</u>                    |                                   |                                        |
| <input type="checkbox"/> SOPRANO   | <input type="checkbox"/> PIANO       | <input type="checkbox"/> OBOE     | <input type="checkbox"/> TROMBONE/TUBA |
| <input type="checkbox"/> MEZZO     | <input type="checkbox"/> HARP        | <input type="checkbox"/> CLARINET | <input type="checkbox"/> COMPOSITION   |
| <input type="checkbox"/> CONTRALTO | <input type="checkbox"/> VIOLIN      | <input type="checkbox"/> FLUTE    | <input type="checkbox"/> OTHER         |
| <input type="checkbox"/> TENOR     | <input type="checkbox"/> VIOLA       | <input type="checkbox"/> BASSOON  |                                        |
| <input type="checkbox"/> BARITONE  | <input type="checkbox"/> VIOLINCELLO | <input type="checkbox"/> HORN     |                                        |
| <input type="checkbox"/> BASS      | <input type="checkbox"/> DOUBLE BASS | <input type="checkbox"/> TRUMPET  | TEACHER PREFERENCE                     |

|                                          |                                                                                                     |                                                                                              |
|------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| CHECK PROGRAM TO WHICH YOU ARE APPLYING: | <input type="checkbox"/> MUSIC PERFORMANCE DIPLOMA / B.Mus.transfer<br><i>Start date: September</i> | <input type="checkbox"/> POST-GRAD ARTIST DIPLOMA<br><i>Start date: September or January</i> |
|------------------------------------------|-----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|

|                                                 |                              |                             |
|-------------------------------------------------|------------------------------|-----------------------------|
| 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 |

| HIGH SCHOOL and COLLEGE ATTENDED |                |              |                 |       |         |
|----------------------------------|----------------|--------------|-----------------|-------|---------|
| NAME AND ADDRESS                 | FROM (MM-YYYY) | TO (MM-YYYY) | GRADUATION YEAR | MAJOR | DEGREES |
|                                  |                |              |                 |       |         |
|                                  |                |              |                 |       |         |
|                                  |                |              |                 |       |         |
|                                  |                |              |                 |       |         |

| MUSIC EDUCATION (Please arrange chronologically and include teacher or music school.) |                        |         |                |              |
|---------------------------------------------------------------------------------------|------------------------|---------|----------------|--------------|
| SUBJECT                                                                               | PRIVATE TEACHER/SCHOOL | ADDRESS | FROM (MM-YYYY) | TO (MM-YYYY) |
|                                                                                       |                        |         |                |              |
|                                                                                       |                        |         |                |              |
|                                                                                       |                        |         |                |              |
|                                                                                       |                        |         |                |              |

| GENERAL EDUCATION (Other educational experiences--summer programs, language study, etc.) |
|------------------------------------------------------------------------------------------|
|                                                                                          |
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| 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 (Role, if applicable) |
|                                                                                                                                                                                                                                  |                                     |
|                                                                                                                                                                                                                                  |                                     |
|                                                                                                                                                                                                                                  |                                     |
|                                                                                                                                                                                                                                  |                                     |
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|                                                                                                                                                                                                                                  |                                     |

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.ca>. If a live audition is not possible, applicants may be able to submit an audition by YouTube link.

| NAME OF COMPOSER | TITLE OF WORK (Role, if applicable) |
|------------------|-------------------------------------|
|                  |                                     |
|                  |                                     |
|                  |                                     |
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|                  |                                     |
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WHAT IS YOUR ULTIMATE AIM IN STUDYING MUSIC?

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HOW DID YOU HEAR ABOUT VAM?

- TEACHER                       FRIEND/RELATIVE                       STUDENT                       NEWSPAPER  
 FACEBOOK                       INTERNET                       EDUCATIONAL CONSULTANT/AGENCY                       OTHER: \_\_\_\_\_

INTERNATIONAL EDUCATIONAL CONSULTANT or AGENCY INFORMATION, if applicable

|              |                |              |               |
|--------------|----------------|--------------|---------------|
|              |                |              |               |
| COMPANY NAME | CONTACT PERSON | PHONE NUMBER | EMAIL ADDRESS |

Send your completed application papers and fees to:

College Admissions  
Vancouver Academy of Music  
1270 Chestnut Street  
Vancouver, BC V6J 4R9 Canada

You can email forms to: college@vam.ca

**By signing below, the applicant:**

**(a) confirms that they understand and accept the information provided, including the Refund Policy**

**(b) attests to the accuracy of the information submitted on this form and all supporting materials**

**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 included:

- Live audition or YouTube submission
- Completed Application Form
- Official transcript(s) from secondary schools and colleges attended.
- Two Evaluation Forms or letters from professional musicians, either teachers or performers.
- Non-refundable Application Fee of \$40.00 (Canadian/Permanent Resident) or \$150.00 (International).  
Please make cheques out to: VAM. Fees must be paid in Canadian dollars and can also be paid by etransfer, electronic funds transfer, or wire transfer. For more information on fee payment contact: college@vam.ca
- International students: copy of passport photo page
- IELTS or TOEFL scores or an equivalent are required of every applicant whose first language is not English.  
TOEFL scores can be obtained at: [www.ets.org/toefl](http://www.ets.org/toefl); Vancouver Academy of Music Code Number: 9958