

## **VANCOUVER ACADEMY OF MUSIC**

College Admissions 1270 Chestnut Street Vancouver BC V6J 4R9 Canada TEL 604 734 2301

www.college.vam.ca EMAIL: college@vam.ca

## YOUNG ARTIST COLLEGIATE PROGRAM APPLICATION FORM 2024/2025

				MA	LE 🗆	FEMALE	OTHER
DATE	_						
SURNAME (legal)	FIRST NAME		N	IIDDLE NAME			
SOCIAL INSURANCE NUMBER	EMAIL ADDRESS			TELE	PHONE		
	1		ĺ				
DATE OF BIRTH: DD-MM-YYYY	COUNTRY OF BIRTH		CITIZENSHIP		CANAD	DIAN RESIDENCY	STATUS **
						nadian indicate sta Resident or on a	atus in Canada: Canada Study Permit?
CURRENT MAILING ADDRESS	CITY/P	PROVINCE		POSTAL CODE		COUNTRY	ļ
PERMANENT MAILING ADDRESS (IF DIFFERENT)	CITY/P	PROVINCE	ı	POSTAL CODE	1	COUNTRY	
PARENT OR GUARDIAN CONTACT INFORMATION	ADDRESS		TELEP	HONE	EMAI	L ADDRESS	
CUEOK MA IOD FIELD OF CTUDY							
CHECK MAJOR FIELD OF STUDY:	_		_	_			
☐ PIANO ☐ DOUBLE BASE ☐ HARP ☐ OBOE		HORN		☐ COMPOSITION ☐ OTHER			
□ HARP         □ OBOE           □ VIOLIN         □ CLARINET		TRUMPET TROMBONE	L	□ OTHER			
□ VIOLA □ FLUTE		TUBA					
☐ VIOLINCELLO ☐ BASSOON		PERCUSSION		TEACHER PREFERE	NCE		
ARE YOU CURRENTLY TAKING PRIVATE MUSIC LESSON	NS?	☐ YES		□ №			
IF YES, NAME OF TEACHER		TEACHER CONT	ACT INFO				
ARE YOU CURRENTLY ENROLLED IN A SCHOOL OF MU	SIC?	☐ YES		□ NO			
				_ 1.10			
IF YES, NAME OF SCHOOL		SCHOOL ADDRE	SS				
PLEASE PROVIDE DETAILS OF ANY AWARDS, SCHOLAF	SHIPS, ETC, THAT YOU	MAY HAVE RECEI	VED:				
	6, 2.6						
RECEIVED FROM				DA	TE RECEIVE	ED	
RECEIVED FROM				DA	TE RECEIVE	ĒD	
RECEIVED FROM				DA	TE RECEIVE	ΕD	

HIGH SCHOOL ATTE	NDED			1		1	
NAME AND ADDRESS			FROM (MM-YYYY)	TO (M	M-YYYY)	GRADUATION YEAR	
				l		l	
MUSIC EDUCATION	(Please arrange chronologically and inc	clude teacher or music schoo	l.)				
SUBJECT	PRIVATE TEACHER/SCHOOL	ADDRESS			FROM (MM-YYYY)		TO (MM-YYYY)
				,			
GENERAL EDUCATION	ON (Other educational experiencessu	ummer programs, language st	udy, etc)				
WHAT IS YOUR ULTI	MATE AIM IN STUDYING MUSIC?	·					

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></college@vam.ca>
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Requirements: Two contrasting works not to exceed a comb	bined duration of 15 minutes.
	T
NAME OF COMPOSER	TITLE OF WORK
REPERTOIRE	
THE ENTOINE	
	Please list below the music you have studied and which you consider a part of your
repertoire. Technical studies should be included. Please at	tach an extra page if necessary.
NAME OF COMPOSER	TITLE OF WORK
Send your completed application papers and fees to:	
College Admissions	
College Admissions Vancouver Academy of Music	
1270 Chestnut Street	
Vancouver, BC V6J 4R9 Canada	Forms can be emailed to: college@vam.ca
By signing below, the applicant: (a) confirms that they understand and accept the inform	ation provided including the Petund Policy
(b) attests to the accuracy of the information submitted	
	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
1	

## **CHECKLIST**

Applicant is age 13-18 or entering Grades 8-12 at time of application
Video or live audition
Completed YACP Application Form
\$100.00 application fee. Please make cheques out to: VAM. E-transfer through: <jenny.mikyung@vam.ca> For more information on fee payment contact: college@vam.ca</jenny.mikyung@vam.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)

Your completed Application Form must be sent to College Admissions with all of the following considered:

## **NOTE**

- Candidates will take an entrance test 40 to 60 minutes in length on music theory knowledge and English skills.
- Applications due: May 15, 2024
- Date of entrance test: Saturday June 1st, 2024
- Accompanists are not required for YACP auditions