



**YOUNG ARTIST COLLEGIATE PROGRAM  
 APPLICATION FORM 2025/2026**

|      |  |  |
|------|--|--|
|      |  | MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER <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:<br>Permanent Resident or on a Canada Study Permit? |                  |             |                              |

|                         |               |             |         |
|-------------------------|---------------|-------------|---------|
|                         |               |             |         |
| CURRENT MAILING ADDRESS | CITY/PROVINCE | POSTAL CODE | COUNTRY |

|  |               |             |         |
|--|---------------|-------------|---------|
|  |               |             |         |
| PERMANENT MAILING ADDRESS (IF DIFFERENT) | CITY/PROVINCE | POSTAL CODE | COUNTRY |

|  |         |           |               |
|--|---------|-----------|---------------|
|  |         |           |               |
| 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"/> COMPOSITION |
| <input type="checkbox"/> HARP        | <input type="checkbox"/> OBOE        | <input type="checkbox"/> TRUMPET    | <input type="checkbox"/> OTHER       |
| <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 |

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

| 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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| WHAT IS YOUR ULTIMATE AIM IN STUDYING MUSIC? |
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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>

**Requirements:** Two contrasting works not to exceed a combined duration of 15 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 |
|------------------|---------------|
|                  |               |
|                  |               |
|                  |               |
|                  |               |
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|                  |               |

Send your completed application papers and fees to:

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 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 considered:

- 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](mailto:jenny.mikyung@vam.ca)  
For more information on fee payment contact: [college@vam.ca](mailto:college@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)

## **NOTE**

- Candidates will take an entrance test 40 to 60 minutes in length on music theory knowledge and English skills.
- Applications due: May 15th, 2025
- Date of entrance test: Saturday June 7th, 2025
- Accompanists are not required for YACP auditions