



COLLEGE APPLICATION FORM

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/ 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 <i>Start date: September</i>	<input type="checkbox"/> POST-GRAD ARTIST DIPLOMA <i>Start date: September or January</i>
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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.)

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)

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)

WHAT IS YOUR ULTIMATE AIM IN STUDYING MUSIC?

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; Vancouver Academy of Music Code Number: 9958