

# *Bel Canto Institute*

## 2012 VOCAL YOUTH DIVISION SUMMER PROGRAM

In Memory of Luciano Pavarotti

**For Ages 15, 16 and 17**

**in residence in Florence, Italy**

June 25 through July 21, 2012

The summer program will deal with the music of Rossini, Donizetti, Bellini, Verdi and Puccini.

This four-week summer program has been planned to immerse its participants not only in the music, but the Italian language, culture, and other disciplines which influenced the composers.

Its concept is to give students the opportunity for in-depth study of roles and language, and to meet and converse with prominent people in their fields.

Bel Canto Institute was founded in 1987 as a nonprofit, tax-exempt organization. Its purpose is

- ❖ to perpetuate, teach, and keep alive style and tradition in 19th and 20th Century Italian opera;
- ❖ to maintain an annual summer program for opera singers, students and coaches to learn the ingredients of style and tradition.

# *Bel Canto Institute*

JANE BAKKEN KLAVITER  
*Founder*  
*Artistic and Executive Director*

KAREN KELSO  
*Administrative Director*

## BOARD OF DIRECTORS

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Leo Nucci  
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Juan Pons  
Nicola Rescigno\*  
Gianna Rolandi  
Lee Schaenen\*  
Frederica von Stade  
Deborah Voigt  
Ruth Welting\*

*\*In memoriam*

*In memory of Luigi Ricci*

**Bel Canto Institute's** four-week program will be in residence in Florence, Italy, June 25 - July 21, 2012

**Each participant will receive:**

- \* 8-9 private coachings
- \* 8-9 private voice lessons
- \* 30 hours of Italian language instruction
- \* 9 hours of Italian diction
- \* 12-15 performance classes on tradition and style in operas and songs of Bellini, Donizetti, Rossini, Verdi, and Puccini
- \* Italian language books (dictionary not included)
- \* Concert performance in public venue in Florence
- \* 1 lecture: "Young Singers and the Professional World of Opera"
- \* 1 discussion group with faculty: "The Road to College, the Road to a Career"
- \* 1 day excursion to Siena and San Gimignano
- \* 1 walking tour of Florence
- \* Breakfast and dinner daily (provided by host families), and a special farewell dinner on the final evening
- \* Certificate of Achievement upon completion of program

**FACULTY**

Penelope Bitzas	Boston University
Jane Bakken Klaviter	Metropolitan Opera
James Koenig	Arizona Opera, Michigan Opera Theater
Roger Malouf	Metropolitan Opera, New York City Opera, Mannes College of Music
Patricia Misslin	Manhattan School of Music, New England Conservatory, Bard College Conservatory
Robert Morrison	Metropolitan Opera
Joana Pons	Teatro Principal de Menorca, Washington Opera
Mary Elizabeth Poore	Westchester Conservatory of Music, Mercy College
Eva Hess Thaysen	Royal Academy of Music (Copenhagen) Danish National Opera
Eduardo Valdes	Danish Lied Society Metropolitan Opera

**GUEST FACULTY**

John Fisher	Metropolitan Opera
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(Faculty subject to change)

**COLLEGE CREDIT**

The following college credit may be obtained through C.W. Post Campus, Long Island University:

Italian Language Classes 3 credits \$375 (\$125 per credit)  
Vocal Diction Classes, Vocal Coachings, Vocal Lessons may each obtain 2 credits \$250 (\$125 per credit)

All payments for college credit must be made directly to C.W. Post Campus, Long Island University. Contact information will be given to accepted participants. Check with your college to confirm the acceptance of credit transfer.

**NB:** Youth Division participants entering senior year in high school may obtain college credit if they have a B (3.00) accumulative average in all of their previous classes at their respective schools. This does not apply to high school seniors.

## **ACCOMMODATIONS**

All participants will be housed with families, double-occupancy rooms, shared baths.

## **AGE LIMIT**

15, 16 and 17 years of age.

## **FEE**

The cost of the program is \$6,500.

**AIRFARE IS NOT INCLUDED.**

Transfers to and from airport are NOT included.

Taxis are readily available.

Youth Division participants must have a cell phone which functions in Italy and is kept on at all times (except in classes). These may be rented inexpensively in Italy.

All fees are payable in U.S. dollars drawn on a U.S. corresponding bank only. Foreign applicants/participants should obtain an International Money Order in U.S. dollars for the payment of all fees. All checks should be payable to Bel Canto Institute, in U.S. dollars drawn on a U.S. corresponding bank only.

Deposits and fees are non refundable.

Bel Canto Institute reserves the right to ask any participant to leave the program at his/her own expense for violations of Bel Canto Institute policies.

(Program subject to cancellation.)

**YOUTH DIVISION APPLICATION**  
(Please type or print clearly)

Ms. [ ]

Mr. [ ]

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LAST NAME FIRST MIDDLE

Age \_\_\_\_\_

Date of Birth Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Country of Citizenship \_\_\_\_\_

Grade Level \_\_\_\_\_ School \_\_\_\_\_

Voice Category: \_\_\_\_\_

Amount Studied: voice \_\_\_\_\_ piano \_\_\_\_\_ theory \_\_\_\_\_ ear training \_\_\_\_\_

Amount of Italian Studied \_\_\_\_\_

Amount of Italian Diction Studied \_\_\_\_\_

Have You Lived in or Traveled to Italy? \_\_\_\_\_

If yes, list where and for how long \_\_\_\_\_

Most recent professional experience (if applicable) \_\_\_\_\_

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List two references, one of whom must be your voice or music teacher.

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NAME

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STREET NAME AND NUMBER

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CITY

STATE

ZIP CODE

---

PHONE #

E-MAIL ADDRESS

---

NAME

---

STREET NAME AND NUMBER

---

CITY

STATE

ZIP CODE

---

PHONE #

E-MAIL ADDRESS

**Current Mailing Address** (valid until: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_)

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STREET NAME AND NUMBER

APARTMENT #

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CITY

STATE

ZIP CODE

---

COUNTRY

---

TELEPHONE #

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CELL PHONE #

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E-MAIL ADDRESS

**PERMANENT or HOME ADDRESS** (if different from above)

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STREET NAME AND NUMBER

APARTMENT #

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CITY

STATE

ZIP CODE

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COUNTRY

---

TELEPHONE #

---

CELL PHONE #

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E-MAIL ADDRESS

**Parent/Guardian Information**

\_\_\_\_\_  
MOTHER'S NAME

\_\_\_\_\_  
STREET NAME AND NUMBER

\_\_\_\_\_  
APARTMENT #

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
HOME PHONE #

\_\_\_\_\_  
WORK PHONE#

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
E-MAIL ADDRESS

\_\_\_\_\_  
FATHER'S NAME

\_\_\_\_\_  
STREET NAME AND NUMBER

\_\_\_\_\_  
APARTMENT #

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

\_\_\_\_\_  
COUNTRY

\_\_\_\_\_  
HOME PHONE #

\_\_\_\_\_  
WORK PHONE#

\_\_\_\_\_  
CELL PHONE #

\_\_\_\_\_  
E-MAIL ADDRESS

How Did You Learn of Bel Canto Institute? \_\_\_\_\_  
\_\_\_\_\_

List two Italian arias or songs with which you wish to audition.

1. \_\_\_\_\_

2. \_\_\_\_\_

Auditions will only be by CD or DVD, which must be sent with this application and must be recent. If applying for a partial scholarship, audition must be by DVD. No opera performances. No mini discs.

**Application Deadline Is February 1, 2012**

(See Early Action Discount for Its Deadline)

- Include:**
- completed application form
  - two references with contact information
  - \$70.00 non-refundable application fee in form of check or money order in U.S. dollars drawn on a corresponding U.S. bank, made payable to Bel Canto Institute. Foreign applicants must obtain an International Money Order in U.S. dollars.
  - CD or DVD ( if applying for partial scholarship, you must submit a DVD)
  - short biography, paragraph form
  - scholarship application and supporting 1040 tax returns if applying for partial scholarship

- I prefer to audition:**
- by tape (enclosed)
  - by CD (enclosed)
  - by DVD (enclosed) **ONLY IF APPLYING FOR SCHOLARSHIP**

**I wish to be considered for the following:**

- Early Action Discount
- Partial Scholarship
- Bel Canto Institute Performance Award
- Bel Canto Institute Orchestral Performance Award

If accepted into the Bel Canto Institute Vocal Youth Division Summer Program, I agree to abide by the organization's regulations, which will be included in a letter of acceptance. I understand that I will be asked to leave the program at my own expense and without refund of any part of fees paid if I violate these regulations.

The applicant consents to the creation and distribution of any recording, broadcast or electronic transmission of any kind, without compensation, made by Bel Canto Institute or any Bel Canto Institute approved entities while he/she is a participant in the Vocal Youth Division Summer Program. The applicant also consents to his/her likeness in photographs, video or any visual media created and distributed by Bel Canto Institute or its approved entities. The applicant consents to the same if a recipient of a Performance Award

I understand that a non-refundable deposit of \$500 is required by the due date in the letter of acceptance. I also understand that if I miss the due date, I may lose my place in the program and **WILL** lose any scholarship offered.

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SIGNATURE OF APPLICANT (required)

DATE

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SIGNATURE OF PARENT OR GUARDIAN (required)

DATE

**Mail to:** Bel Canto Institute  
210 West 70 Street, Suite 1107  
New York NY 10023

**For inquiries call: (212) 580-9382**  
[www.belcantoinst.org](http://www.belcantoinst.org)  
[belcantoinst@aol.com](mailto:belcantoinst@aol.com)