



YOUTH DIVISION APPLICATION

(Please type or print clearly)

Ms. []

Mr. []

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) _____

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

NAME

STREET NAME AND NUMBER

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_____)

STREET NAME AND NUMBERAPARTMENT #

CITYSTATEZIP CODE

COUNTRY

TELEPHONE #

CELL PHONE #

E-MAIL ADDRESS

PERMANENT or HOME ADDRESS (if different from above)

STREET NAME AND NUMBER

CITYSTATEZIP CODE

COUNTRY

TELEPHONE #

CELL PHONE #

E-MAIL ADDRESS

Parent/Guardian Information

MOTHER'S NAME

STREET NAME AND NUMBER

CITY STATE ZIP CODE

COUNTRY

HOME PHONE # WORK PHONE#

CELL PHONE #

E-MAIL ADDRESS

FATHER'S NAME

STREET NAME AND NUMBER

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, DVD, or YouTube video. If using CD or DVD, it must be sent with this application and must be recent. If applying for a partial scholarship, audition must be by DVD or YouTube link. No mini discs.

Application Deadline Is February 1, 2019

- Include:**
- ☐ completed application form
 - ☐ two references with contact information
 - ☐ \$75.00 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.
 - ☐ \$75.00 non-refundable application fee via PayPal. Only pay here the SAME DAY in which you submit application and ALL supporting materials. Click here when all materials are being sent: [PAY NOW](#)
 - ☐ CD, DVD or YouTube video (if applying for partial scholarship, you must submit a DVD or link to a YouTube video)
 - ☐ short biography, paragraph form
 - ☐ scholarship application and supporting 1040 tax returns if applying for partial scholarship

- I prefer to audition:**
- ☐ by CD (enclosed)
 - ☐ by DVD (enclosed)
 - ☐ by YouTube video

I wish to be considered for the following:

- ☐ Partial Scholarship (download and submit scholarship application and documents)
- ☐ 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 \$1,000 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.

SIGNATURE OF APPLICANT (required)

DATE

SIGNATURE OF PARENT OR GUARDIAN (required)

DATE

Mail to: Bel Canto Institute
P.O. Box 1489
Highland, NY 12528

OR: Scan and Email to:
belcantoinst@aol.com

For inquiries call: (845) 883-9787
www.belcantoinst.org
belcantoinst@aol.com