

**Personal Information** 

PHONE #

LAST NAME FIRST MIDDLE  Age  Date of Birth MonthDayYear  Country of Citizenship  Grade Level (if applicable)Name of College	
Date of Birth Month Day Year  Country of Citizenship	
Country of Citizenship	
Grade Level (if applicable)Name of College	
Degrees Earned and Where	
Voice Category	
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 one complete role by Rossini, Bellini, Donizetti, Verdi or Puccini which you would like to study durin program. (It is fine to study only arias and songs). Coaches, list one complete opera, not just role.	
List two professionals (with whom you have recently worked) as references; no letters are required:	
NAME	
STREET NAME AND NUMBER	
CITY STATE ZIP CODE	

E-MAIL ADDRESS

Second professional (with whom you have recently worked) as reference:				
NAME				
STREET NAME AND NUMBER				
CITY	STATE	ZIP CODE		
PHONE #	E-MAIL ADDRESS			
Current Mailing Address (valid until: Month_	Day	Year	)	
STREET NAME AND NUMBER				
CITY	STATE	ZIP CODE		
COUNTRY				
TELEPHONE #				
CELL PHONE #				
E-MAIL ADDRESS				
PERMANENT or HOME ADDRESS (if differ	ent from above)			
STREET NAME AND NUMBER				
CITY	STATE	ZIP CODE		
COUNTRY				
TELEPHONE #				
CELL PHONE #				
E-MAIL ADDRESS				

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 we chosen two arias. Voice quality and register are	of no importance.		ile singing
2.			

Parent/Guardian Information (If they are helping financially)

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 partial scholarship, must be by DVD or YouTube video.

## Application Deadline Is February 1, 2020

Include:	<ul> <li>completed application form</li> <li>two references with contact information</li> <li>\$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.     </li> <li>\$75.00 non-refundable application fee. Only pay here the SAME DAY in which you submit application and ALL supporting materials. Click here when all materials are being sent:</li></ul>
I prefer to audition:	<ul><li>by CD ( enclosed)</li><li>by DVD (enclosed)</li><li>by YouTube video</li></ul>
I wish to be considered	for the following:
	<ul> <li>Partial Scholarship (download and submit scholarship application and documents)</li> <li>Bel Canto Institute Performance Award</li> <li>Bel Canto Institute Orchestral Performance Award</li> </ul>
which will be included without refund of any participant in the Voca media created and distrof a Performance Awar I understand to	o the Bel Canto Institute Vocal Summer Program, I agree to abide by the organization's regulations, in a letter of acceptance. I understand that I will be asked to leave the program at my own expense and art of fees paid if I violate these regulations. consents to the creation and distribution of any recording, broadcast or electronic transmission of any ation, made by Bel Canto Institute or any Bel Canto Institute approved entities while he/she is a Summer Program. The applicant also consents to his/her likeness in photographs, video or any visual ibuted by Bel Canto Institute or its approved entities. The applicant consents to the same if a recipient depart a non-refundable deposit of \$1000 is required by the due date in the letter of acceptance. I miss the due date, I may lose my place in the program and WILL lose any scholarship offered.
SIGNATURE OF APP	LICANT (required) DATE
SIGNATURE OF PAR	ENT OR GUARDIAN (if assisting financially)  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