



VOCAL SUMMER PROGRAM APPLICATION

(Please type or print clearly.)

Personal Information

Ms. []
Mr. []

LAST NAME FIRST MIDDLE

Age _____ Date of Birth _____ Month _____ Day _____ Year _____

Country of Citizenship _____

Grade Level (if applicable) _____ Name of College _____

Degrees Earned and Where _____

Voice Category _____

Are you applying as a pianist/coach? _____

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 arias, songs you would like to study. Coaches, list one complete opera, not just a role.

List two professionals (with whom you have recently worked) as references; no letters required:

NAME

STREET NAME AND NUMBER

CITY

STATE

ZIP CODE

PHONE #

EMAIL ADDRESS

Second professional (with whom you have recently worked) as reference:

NAME

STREET NAME AND NUMBER

CITY

STATE

ZIP CODE

PHONE #

EMAIL ADDRESS

Current Mailing Address (valid until: Month_____ Day_____ Year _____)

STREET NAME AND NUMBER

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE #

CELL PHONE #

EMAIL ADDRESS

PERMANENT or HOME ADDRESS (if different from above)

STREET NAME AND NUMBER

CITY

STATE

ZIP CODE

COUNTRY

TELEPHONE #

CELL PHONE #

EMAIL ADDRESS

Parent/Guardian Information (If they are helping financially)

MOTHER'S NAME

STREET NAME AND NUMBER

CITY

STATE

ZIP CODE

COUNTRY

HOME PHONE #

WORK PHONE #

CELL PHONE #

EMAIL ADDRESS

FATHER'S NAME

STREET NAME AND NUMBER

CITY

STATE

ZIP CODE

COUNTRY

HOME PHONE #

WORK PHONE #

CELL PHONE #

EMAIL ADDRESS

How did you learn of Bel Canto Institute? _____

List two Italian arias or songs with which you wish to audition. (Coaches: Audition should be of you playing while singing chosen two arias. Voice quality and register are of no importance.

1. _____

2. _____

Auditions will only be by YouTube video which must be an underscored link so it can be clicked and appear on screen immediately.

Application Deadline is January 2, 2024

Include:

- ☐ complete 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, make payable to Bel Canto Institute.
Foreign applicants must obtain an International Money Order in U.S. dollars.
- ☐ \$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: [PAY NOW](#)
- ☐ link to You Tube video with underscored link to audition performance
- ☐ short biography, paragraph form
- ☐ scholarship application and supporting 1040 tax returns if applying for partial scholarship

I wish to be considered for the following:

- ☐ Partial Scholarship (download and submit scholarship application and documents)

DO NOT FORGET REQUIRED SIGNATURES BELOW!

If accepted into the Bel Canto Institute Vocal 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 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, if applicable this summer.

I understand that a non-refundable deposit of \$1000 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 (if assisting financially)

DATE

Mail to:

Bel Canto Institute
383 Old Phoenix Road
Eatonton, GA 31024

OR: Scan and Email to:

belcantoinst@aol.com

For inquiries call:

762-220-1230
845-849-8712

www.belcantoinst.org
belcantoinst@aol.com