



Spring 2021

San Francisco Academy Orchestra Artist Diploma Program Application

First Name _____ Last Name _____

Gender [] Male [] Female Social Security/ Federal ID No. _____

Mailing Address _____

Telephone _____ Email _____

Date of Birth ____/____/____ Please list your desired instructors in order of preference:

Check the instrument program you are applying for [] Violin [] Viola [] Cello [] Bass

Where have you received previous degrees and who were your primary instructors?

Undergraduate Degree _____ Instructor _____

Graduate Degree _____ Instructor _____

List the Two Excerpts and Solo Piece you are submitting for consideration into the program:

(If you are submitting an online video URL such as YouTube please print them neatly below)

Excerpt #1 _____

Excerpt #2 _____

Solo Piece _____

Please mail the program application, financial aid application, \$75 application fee, resume and video materials to:

San Francisco Academy Orchestra, PO Box 591137, San Francisco, CA 94159

I would like to pay the nonrefundable \$75 application fee by [] check [] Visa [] Master Card

Name on Card _____ Credit Card Number _____

Expiration Date _____ Security Code (last 3 digits on the back of the signature panel) _____

Billing Address: _____ City _____

State _____ Zip Code _____ Billing Email _____

Billing Phone _____ Card Holder Signature _____