



**Autumn 2019**

**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 \_\_\_\_\_