

# Summer Music West

## APPLICATION FORM

FOR WHICH PROGRAM(S) ARE YOU APPLYING? \_\_\_\_\_

Last name \_\_\_\_\_

First name \_\_\_\_\_  Male  Female

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at program start \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Fax \_\_\_\_\_

Student's e-mail \_\_\_\_\_

Country of citizenship \_\_\_\_\_

If not U.S.A., please list visa type and expiration date \_\_\_\_\_

Major instrument/voice type \_\_\_\_\_

Years studied \_\_\_\_\_

Current music teacher \_\_\_\_\_

Teacher's phone \_\_\_\_\_

Applicant's current school \_\_\_\_\_

Parent's/ Guardian's full name \_\_\_\_\_

Parent's/ Guardian's e-mail \_\_\_\_\_

Parent's/ Guardian's daytime phone \_\_\_\_\_

### HOW DID YOU HEAR ABOUT SUMMER MUSIC WEST?

Web site  Friend

Ad (In which publication?) \_\_\_\_\_

Other \_\_\_\_\_

### PLEASE MARK ALL THAT APPLY:

I've enclosed a non-refundable application fee (see Fees)

I've enclosed a list of previous musical experience

Please charge my  Visa  MasterCard  Discover  
for the application fee.

Cardholder name \_\_\_\_\_

Card no. \_\_\_\_\_

Expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Scholarship Consideration:

Partial scholarships are awarded to a limited number of students who show a high level of musical proficiency and demonstrate a clear financial need. Complete this section only if you are applying for scholarship assistance. All information will be held in strict confidence. An incomplete application will not be considered.

### Required Documents:

1. Page one of parent's 2008 Federal Income Tax return. If no 2008 tax return is filed, you must submit adequate proof of income such as a Form W-2, a 1099, a year-end pay stub or the foreign equivalent.

2. Letter of recommendation from applicant's private teacher.

Applicant's school \_\_\_\_\_ Grade \_\_\_\_\_

Tuition \_\_\_\_\_

Amount of financial aid received this year? \_\_\_\_\_

Source of aid? \_\_\_\_\_

Father or guardian's occupation \_\_\_\_\_

Employer(s) \_\_\_\_\_

Income before deductions \_\_\_\_\_

Mother or guardian's occupation \_\_\_\_\_

Employer(s) \_\_\_\_\_

Income before deductions \_\_\_\_\_

Number of dependent siblings \_\_\_\_\_

Single parent household?  Yes  No

List any special financial constraints \_\_\_\_\_

For the following categories, please enter the combined amounts for both parents or guardians:

Real estate (including residence) \_\_\_\_\_

Investments (stocks, bonds) \_\_\_\_\_

Dividends (int. income) \_\_\_\_\_

Checking/Savings accounts \_\_\_\_\_

Mail completed form, list of previous experience, non-refundable application fee,  
and (if applicable) scholarship application materials to:

## Summer Music West

San Francisco Conservatory of Music — 50 Oak Street, San Francisco, CA 94102-6011

You may also fax materials to 415.503.6299