

Albany Pro Musica
Artist Apprenticeship Program for High School Singers
APPRENTICE APPLICATION for 2017-2018

Requiem by Michael Haydn, May 6, 2018

Application Deadline: Postmarked by November 9, 2017

The teacher should print out copies of this application for students and submit the completed application(s) with all required signatures. †Teachers should include copies of the student's last two years of NYSSMA Evaluation sheets.

***Students and parents are** to complete their portion of the application (*), then ask the teacher to provide the confidential recommendation (†). **The teacher should mail the completed application.**

***STUDENT'S INFORMATION: (PLEASE PRINT)**

Voice (S, A, T, or B): _____ Part (I, II): _____

Student's Name: _____ Grade in School: _____

Parent/Guardian's Name _____

Student's Street Address: _____

City/ State/ Zip _____, _____, _____

Student's Phone: _____

Student's E-mail Address: _____

†TEACHER'S INFORMATION: (SCHOOL CHORAL DIRECTOR or PRIVATE TEACHER):

School Choral Director's, or Private Teacher's Name: _____

E-mail Address: _____

Phone Number: () _____

High School (Home School) Name: _____

School District's Name: _____

High School (Home School) Address: _____

City/ State/ Zip: _____, _____, _____

***NYSSMA All-State and Area All-State PARTICIPATION EXPERIENCE**

(In the blanks place a **P** in the blank if you participated, or an **S** if you were selected but did not participate.)

2017 All-State Choir _____ 2017 Area All-State Choir _____
2016 All-State Choir _____ 2016 Area All-State Choir _____
2015 Area All-State Choir _____

List any years in which you were selected as an Alternate to All-State Choir _____

***NYSSMA SOLO RATINGS**

Please List the level of difficulty in Roman Numerals (I - VI). Please list the number of points scored in Arabic numerals (10 - 100). (Example: **Grade 9: IV - 98** } **Grade 11** _____ **Grade 10** _____ **Grade 9** _____

Students **MUST SUBMIT** with this application **A LEGIBLE PHOTOCOPY** of their last **TWO or THREE YEARS** of Adjudicator’s Comment sheets from their NYSSMA solo evaluation festivals

OR if this experience has not been available then

ARRANGE TO HAVE AN AUDITION BY APPOINTMENT. Contact: Joe Farrell 518-248-3510; or email JoeFar@albanypromusica.org

*** STUDENT’S CURRENT CHORAL PARTICIPATION**

This student is currently enrolled as a regularly attending choir member in the following School choir(s): _____

LIST THE COMMUNITY, COUNTY, or REGIONAL HONORS CHOIRS in which you have participated IN THE LAST TWO YEARS:

***APM APPRENTICESHIP EXPERIENCE**

Have you ever sung with Pro Musica as an apprentice? _____ If yes, which year ? _____

†TEACHER’S EVALUATION and RECOMMENDATION

(Rate Applicant: O= Outstanding; E = Excellent; G = Good; F = Fair; P = Poor)

Attitude _____ Rhythm _____ Intonation _____ Tone _____ Range _____ Technique _____ Diction _____

Circle One: **I recommend** **I recommend with reservation** (explain below)

State your reasons for the above recommendation and any other pertinent facts you feel will be helpful to the selection committee. (If you recommend with reservation, please state the nature of your reservation.)

†**TEACHER’S RECOMMENDATION:** Please give anecdotal or descriptive information that might assist us in identifying capable students. [**Teachers, please note that your recommendations and evaluations are extremely valuable to this process. Please give them significant consideration.**]

†**PLEASE RANK** this applicant’s choral standing in musicianship and citizenship within your school’s vocal program among all singers that are applying. **(ONE is highest ranked)**

1 2 3 4 5

SIGNATURES of *STUDENT, PARENT and †TEACHER

Please **Print or Type** name as well as sign and date to attest that
“The above information is true and complete to the best of my knowledge”.

Deadline for submission of this application is a postmark by November 1, 2016

*Student Applicant:

_____ *Print Name* *Signature* *Date*

Parent/Guardian:

_____ *Print Name* *Signature* *Date*

†Teacher:

_____ *Print Name* *Signature* *Date*

† With this application submit a legible photocopy of each NYSSMA solo evaluation sheet for each of last two years of NYSSMA solo festivals your student has entered while in high school. (If not supplied, the applicant may be asked to audition or submit an audio file.)

**MAIL or Email THIS SIGNED APPLICATION WITH
PHOTOCOPIES of NYSSMA SHEETS, POSTMARKED by November
9, 2017**

to

**Joseph Farrell, Director of Education
Albany Pro Musica
30 2nd Street
Troy NY 12180**

JoeFar@albanypromusica.org