

APPLICATION

Summer Piano Academy
Application Form

Name_____

Male (____) Female (____) Age_____

Address_____

City_____Stae_____ Zip Code_____

Country_____

Telephone (____)_____ Fax (____)_____

E-Mail Address_____

Current Teacher's Name_____

Years Studied and Accomplishments-Feel free to attach Biography etc.

School_____

Signature of student (If student is 18 or older)

_____ Date_____

Signature of student(If student is under 18)

_____ Date_____

Please mail this completed form and any attachments with:

1. One letter of Recommendation
2. Tape or CD of a two pieces

TO: The International Center for Music

Summer Piano Academy
Park University
8700 NW River Park Dr.
Parkville, MO 64152