



1987 Madison Road
Cincinnati Ohio 45208
513-321-2766

YOUNG ARTIST PREPARATORY PROGRAM

General Information

Name: _____ Date of Birth: _____

School: _____ Current Grade _____

Parent(s) Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Parent's Cell Phone: _____

Student's Cell Phone: _____

Musical Preparation

Years of Private Voice Study: _____ Teacher: _____

Special Training (please specify how long you were enrolled)

Theory: _____ Drama: _____

Dance: _____ Choral: _____

Other (specify): _____

Do you read music? Yes No

Do you play another instrument? _____

Performance Experience

<i>Name of Show</i>	<i>Role</i>	<i>Theatre</i>	<i>Year</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal Information

Please list your extra-curricular activities: _____

Hobbies, interests: _____

Career Aspirations: _____

Please list the names of two individuals who will be submitting your recommendations. We ask that they be 25 years of age or older, non-family members and not affiliated with the Musical Arts Center. One form must be completed by a music teacher (high school, church or synagogue affiliation.) Each individual should be acquainted with you for at least 6 months.

Name: _____ Phone: _____

Name: _____ Phone: _____