The T.R.I.O. Project 2011-2012 Application Form

Name:		Date of Birth:
Address:		
City:	State:	Zip:
Phone:		
Academic Information		
School:		
Address:		
City:		
Grade:	Graduation	Date:
Musical Information		
Instrument:	Years studie	ed:
Years of private study, if any:		
Current music teacher's name:		
Phone:		
Parental Information		
Parent's Names:		
Phone:	E-mail:	
Phone:		
Do you have Internet access at home:		
Please list audition selections		
Composer:	Work:	
Composer:		
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I have enclosed the following materials:	: (application i	materials will not be returned)
 Application Form 		
□ Essay		
 Academic teacher recommendat 	ion	
 Music teacher recommendation 		
□ Financial statement (if needed)		
□ Audio recording		
I attest that the information in this appl	ication is true	to the best of my knowledge
and that the recording submitted is my		•
consents to the use of his/her likeness i		
created and distributed by The T.R.I.O.		o, viaco, or any vioual incura
Signature of Applicant:		Date:
J 11 -		
Signature of Parent:		Date:

All applications and materials must be postmarked by Wednesday, September 1, 2011.