



Certificate Program for Performance Achievement Application

Student Name _____

Parent Name(s) (if applicable) _____

Address _____

City/State _____ Zip Code _____

Home Phone _____

Student E-mail _____ Parent E-mail _____

Student Age _____ Instrument _____

Current Music Teacher _____

History of Music Study (list most recent first)

Date _____ Teacher _____

Date _____ Teacher _____

Date _____ Teacher _____

Date _____ Teacher _____

List Other Music Experience (examples: band, orchestra, choir, etc.)

List Performance Experience:

Have you studied music theory or solfege? ____ If yes, please describe:

What style(s) of music are you most interested in?

What pieces/songs have you played most recently?

Students in the Certificate Program spend approximately 2 hours per week at MacPhail. In addition, students spend time at home practicing (1.5 to 2 hours, most days) and attend one master class and concert per semester. Are you willing to make this commitment? _____

On a separate piece of paper, describe your music goals. Also, state what you want to accomplish by being in the MacPhail Certificate Program.

Please ask your current teacher to write a letter of recommendation.

Applicant Signature _____

Parent Signature (if applicable) _____

Date _____

Send this complete application, and the \$50 non-refundable audition fee (payable to MacPhail Center for Music), to:

Craig Anderson, Certificate Program Coordinator
MacPhail Center for Music
501 S. 2nd St
Minneapolis, MN 55401

Anderson.craig@macphail.org

612.767.5316

