



FISCHOFF

NATIONAL CHAMBER
MUSIC COMPETITION

2020 – 2021

FISCHOFF CHAMBER MUSIC ACADEMY INDIVIDUAL APPLICATION

Please fill out this form completely and mail to Geena Kam, 119 Haggard Hall, Notre Dame, IN 46556 or Email at geena@fischhoff.org
Application Check List: 1) Completed Application 2) Non-refundable application fee of \$20*. Fee will be accepted via PayPal link on the Fischhoff website or send a check, payable to FISCHOFF, to Geena Kam, 119 Haggard Hall, Notre Dame, IN 46556 3) Two Video Recordings 4) A Repertoire List 5) A Letter of Recommendation

Name of Applicant: _____ Instrument: _____

Age: _____ Grade (2020-2021): _____ Started playing Instrument: _____

School (2020-2021) : _____ Years in Chamber Group (if applicable): _____

Phone number: _____ Email: _____

Parent/Guardian(s): _____ Email: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

Primary Music Instructor: _____ # years of taking private lesson _____

Instructor's phone number: _____ Email: _____

List performance experience (ensembles, etc.):

List any musical honors/awards:

Tell what benefit you hope to gain from this program:

Signature: _____ Date: _____

*We would like to encourage students to apply regardless of their financial situation. Please contact Geena Kam at geena@fischhoff.org to inquire about our application fee waiver.

APPLICATION DEADLINE IS WEDNESDAY, JUNE 24, 2020 @ 5 p.m.



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Music Teacher Recommendation Form

INSTRUCTIONS

This form is to be completed by the applicant's teacher of private music lessons. If applicant is not studying music privately, the applicant's primary teacher of music, such as a school music teacher, should fill out this form. **This form must accompany the applicant's form and be filed at the same time.**

Name of Teacher: _____ Instrument taught: _____

Phone: _____ Email: _____

Name of Student: _____ How long has this student studied with you: _____

What evidence of the pursuit of excellence do you see in this student:

Do you recommend the Fischhoff Chamber Music Academy program for this student: Yes No

Give reasons:

Teacher Signature: _____ Title: _____ Date: _____

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