



# FISCHOFF

NATIONAL CHAMBER  
MUSIC ASSOCIATION

2022 – 2023

## FISCHOFF CHAMBER MUSIC ACADEMY ENSEMBLE APPLICATION

Please fill out this form completely and mail to Geena Kam, 119 Haggard Hall, Notre Dame,  
IN 46556 or Email at [geena@fishhoff.org](mailto:geena@fishhoff.org)

### APPLICATION CHECKLIST

1. Completed application
2. Two video recordings of each applicant
3. A repertoire list of each applicant
4. A primary instructor's recommendation form of each applicant
5. One video recording of the ensemble if possible
6. Non-refundable application fee of \$25\* per ensemble. Fee will be accepted via [website](#) or send a check, payable to FISCHOFF, to Geena Kam, 119 Haggard Hall, Notre Dame, IN 46556

\*We would like to encourage students to apply regardless of their financial situation. Please contact Geena Kam at [geena@fishhoff.org](mailto:geena@fishhoff.org) to inquire about our

Ensemble name: \_\_\_\_\_ Playing together as a group since: \_\_\_\_\_

Instrumentation of group: \_\_\_\_\_

Group contact (name, phone & email): \_\_\_\_\_

Band/Orchestra Instructor (name, phone & email): \_\_\_\_\_

### Member 1:

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_

Birth day: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_ Started playing instrument: \_\_\_\_\_

School (2022-2023): \_\_\_\_\_ Years in chamber group: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary instructor's name: \_\_\_\_\_ # of years taking private lessons: \_\_\_\_\_

Instructor's email: \_\_\_\_\_ Phone: \_\_\_\_\_

List performance experience:

List any musical honors/awards:

Extracurricular activities:

**Member 2:**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_ Started playing instrument: \_\_\_\_\_  
School (2022-2023): \_\_\_\_\_ Years in chamber group: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary instructor's name: \_\_\_\_\_ # of years taking private lessons: \_\_\_\_\_  
Instructor's email: \_\_\_\_\_ Phone: \_\_\_\_\_

List performance experience:

List any musical honors/awards:

Extracurricular activities:

**Member 3:**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_ Started playing instrument: \_\_\_\_\_  
School (2022-2023): \_\_\_\_\_ Years in chamber group: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary instructor's name: \_\_\_\_\_ # of years taking private lessons: \_\_\_\_\_  
Instructor's email: \_\_\_\_\_ Phone: \_\_\_\_\_

List performance experience:

List any musical honors/awards:

Extracurricular activities:

**Member 4:**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_ Started playing instrument: \_\_\_\_\_  
School (2022-2023): \_\_\_\_\_ Years in chamber group: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary instructor's name: \_\_\_\_\_ # of years taking private lessons: \_\_\_\_\_  
Instructor's email: \_\_\_\_\_ Phone: \_\_\_\_\_

List performance experience:

List any musical honors/awards:

Extracurricular activities:

**Member 5:**

Name: \_\_\_\_\_ Instrument: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Grade (2022-2023): \_\_\_\_\_ Started playing instrument: \_\_\_\_\_  
School (2022-2023): \_\_\_\_\_ Years in chamber group: \_\_\_\_\_  
Email: \_\_\_\_\_  
Parent/Guardian name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary instructor's name: \_\_\_\_\_ # of years taking private lessons: \_\_\_\_\_  
Instructor's email: \_\_\_\_\_ Phone: \_\_\_\_\_

List performance experience:

List any musical honors/awards:

Extracurricular activities:



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## FISCHOFF CHAMBER MUSIC ACADEMY

### Primary Instructor 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: \_\_\_\_\_

Email: \_\_\_\_\_ Phone : \_\_\_\_\_

Name of Student: \_\_\_\_\_ Instrument taught: \_\_\_\_\_

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 Fischoff Chamber Music Academy program for this student:    Yes    No

Give reasons:

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_