



MUSIC ACCESS PROJECT AND PROJECT BRIDGE APPLICATION

323 West 108th Street • New York, New York 10025 • (212) 663-6021 • Fax (212) 932-9429 • www.bsmny.org

APPLICATION DEADLINE: MAY 15TH, 2019

Please check which program you are applying for:

Music Access Project

Project Bridge

Both

STUDENT INFORMATION

Name _____ Date _____

Street _____ Apt. No. _____

City _____ State _____ Zip Code _____

School _____ Grade _____ Date of Birth _____

Cell Phone _____ Email _____

Main Instrument _____ Age at the time of audition _____

PARENT INFORMATION

Mother's Name _____ Cell Phone _____

Place of Employment _____

Title _____ Email _____

Father's Name _____ Cell Phone _____

Place of Employment _____

Title _____ Email _____

Who is the Primary Contact? _____

MUSICAL EXPERIENCE

What instrument(s) do you play? _____ How long have you been playing? _____

Have you taken private lessons? _____ Where? _____

Teacher's Name _____ Have you studied any other music subjects? _____

If so, which? _____

Do you have any ensemble experience? _____ If so, please list _____

Are you a returning student to Bloomingdale? _____ If so, with whom have you studied? _____

How did you hear about MAP & PB? _____

GENERAL INFORMATION

How much time do you spend practicing? _____

Do you own your instrument? _____ Do you like performing? _____ Have you performed recently? _____

If so, where? _____ What is your Grade Point Average? _____

Are you involved in any extra curricular activities? _____ If so, please list _____

What are your long-term goals?

Please list NYSSMA solo pieces learned

FINANCIAL INFORMATION

Mother's yearly salary before deductions _____

Father's yearly salary before deductions _____

Mother's yearly income from any other sources before deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc: _____

Father's yearly income from any other sources before deductions. Include rent from tenants, interest, dividends, royalties, gifts, etc: _____

TOTAL FAMILY INCOME MUST BE VERIFIED. Please attach a copy of your most recent Federal Income Tax Form 1040 as proof of income. Include all forms of assistance: public assistance, child support, alimony, etc. Your application cannot be processed without this information. All information will be held in the strictest confidence.

AUDITION REPERTOIRE

Please list the compositions that you will be performing for your MAP or PB audition. Two pieces of contrasting style are required and you will be asked to sight read (or play scales) as well. Please be prepared to play for a minimum of five minutes. Once application is received, all applicants will be contacted to set up an audition time.

Composition Title _____ Composer _____

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NOTICE AND CONFIRMATION

I do affirm that all of the information I have provided on this form is true to the best of my knowledge. I understand that any false or misleading statements on this form may result in cancelation of the application. I also understand that I may not participate in any other pre-college music program during the duration of the MAP or PB programs. Finally, I understand that I will be required to attend the program at least two days a week after school.

Applicant's Signature