

# Application Form

## College Audition Preparation Workshop

July 22 – 28, 2009



**JACOBS SCHOOL  
OF MUSIC**

INDIANA UNIVERSITY  
Bloomington

**APPLICATION AND PAYMENT DEADLINE: July 8, 2009** (No Audition Required)

Student's Name:					Parent's Name:																								
Address:																													
City:					State:			Zip:																					
Primary Phone: ( )					Secondary Phone: ( )																								
Emergency Contact Person:					Emergency Contact Phone: ( )																								
Parent's E-mail Address (for correspondences):																													
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(Please print carefully and let us know if you change your e-mail address)																													
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(Please print carefully and let us know if you change your e-mail address)																													
School grade (as of September 2009):					Age:			Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female																					
I am applying for: <input type="checkbox"/> CAP I (under 18 years of age) <input type="checkbox"/> CAP II (age 18 and above)																													
Instrument: <input type="checkbox"/> voice (female) <input type="checkbox"/> clarinet <input type="checkbox"/> euphonium* <input type="checkbox"/> flute <input type="checkbox"/> horn <input type="checkbox"/> jazz piano																													
<input type="checkbox"/> voice (male) <input type="checkbox"/> saxophone <input type="checkbox"/> trombone <input type="checkbox"/> trumpet <input type="checkbox"/> tuba <input type="checkbox"/> jazz bass																													
<i>*please indicate preferred euphonium faculty member _____</i>																													
Name of Private Teacher:					Teacher's Phone:																								
Teacher's Address:																													
City:					State:			Zip:																					
Where do you plan to live? (All CAP I students must live in the residence hall or with a parent off campus)																													
CAP I: <input type="checkbox"/> Campus housing <input type="checkbox"/> At home or with parent off-campus					CAP II: <input type="checkbox"/> Forest Dorm <input type="checkbox"/> Willkie Dorm <input type="checkbox"/> Off-campus housing																								
Through what source did you or your teacher learn about this workshop?																													

**Application Checklist:**

- Completed Application Form
- Completed Payment Form
- Full Payment, including Tuition and non-refundable \$70 application fee

**We cannot process your application unless all materials are included.  
Position is secured only upon receipt of full payment.**

Please mail or fax all materials to:

**Judy Anderson**  
IU Jacobs School of Music  
1201 East Third Street, PB 128  
Bloomington, IN 47405

**Fax: 812-856-1782**

**OFFICE USE ONLY:**

Amount Rec'd \_\_\_\_\_  
Date Payment Rec'd \_\_\_\_\_  
Check # \_\_\_\_\_  
Check Date \_\_\_\_\_

# Payment Form

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

<input type="checkbox"/> <b>CAP I Tuition</b> with room and board in Forest Dormitory	<b>\$1,358.00</b>
<input type="checkbox"/> <b>CAP I Tuition</b> off-campus housing with parent/guardian	<b>\$1,075.00</b>
<input type="checkbox"/> <b>CAP II Tuition</b> with room and board in Forest Dormitory (age 18-21)	<b>\$1,358.00</b>
<input type="checkbox"/> <b>CAP II Tuition</b> with housing in Willkie Dormitory, meals not included (over age 21)	<b>\$1,387.00</b>
<input type="checkbox"/> <b>CAP II Tuition</b> off-campus housing (room and board not included)	<b>\$1,075.00</b>
TOTAL AMOUNT ENCLOSED	\$ _____

**I wish to pay by check** (Please make check payable to: *Indiana University*)

Total amount of check: \$ \_\_\_\_\_

**I wish to pay by credit card**

Check one:     Visa             American Express             MasterCard             Discover

Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

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

Total amount to be charged: \$ \_\_\_\_\_

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