



Student Application Form

Program Information

Which Encore program are you applying for?

- Encore Rock Band
 Encore Musical Theatre
 Encore Chorus

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Province Postal Code

Phone: _____ Email _____

Date of Birth (MM/DD/YYYY): _____

Parent/Guardian Information

Parent/Guardian 1

Full Name: _____
Last First M.I.

Phone: _____ Email _____

Parent/Guardian 2

Full Name: _____
Last First M.I.

Phone: _____ Email _____

References

Please provide 2 non relative references:

- One professional, such as a teacher or a coach, etc.
- One personal, such as a family friend, neighbor, etc.

Reference 1

Full Name: _____ Relationship: _____
Last First

Phone: _____ Email _____

Reference 2

Full Name: _____ Relationship: _____
Last *First*

Phone: _____ Email _____

Questionnaire

Please attach a separate piece of paper with your answers.

Questions for the Student

1. *What sparked your interest in music?*
2. *Why are you interested in attending this program? How do you think this experience will enrich your life?*
3. *What do you hope to achieve by attending the program?*
4. *Do you have any other artistic/creative interests such as creative writing, poetry, painting, drawing, etc.?*
5. *Tell us about any previous music experience you have.*

Questions for the Parents/Guardians

6. *Why do you feel your child should be considered for this program?*

How to Complete the Application Process

Please fill out this form and write your answers to the questionnaire on a separate piece of paper and then scan and email your full application to apply@encoremusicfoundation.com.

Thank you for your interest in Encore Music Foundation! We will notify you as soon as possible with the status of your application.