

AFA ACADEMY 2011-2012 GENERAL APPLICATION

Program

Please indicate your program choice

Houston Girls Chorus Chamber Music

Applicant Information

*Information marked with a * is required*

* Last Name _____

* First Name _____

* Street Address _____

* City _____ * State _____ * Zip _____

* Phone _____ * Student Cell _____

* Primary Email _____

Please note that ALL correspondence will be by email unless noted otherwise

* Date of Birth _____ * Gender _____

* Ethnicity African American Asian Caucasian
 Hispanic/Latino Native American
 Multi-Racial Pacific Islander Other

Have you attended AFA before? Yes No

How did you hear about AFA? _____

Parent/Guardian Information

* Parent/Guardian Name & Relationship _____

* Street Address (if different) _____

* City _____ * State _____ * Zip _____

* Daytime Phone _____ * Evening Phone _____

* Email _____

Employer _____ Job Title _____

* Parent/Guardian Name & Relationship _____

* Street Address (if different) _____

* City _____ * State _____ * Zip _____

* Daytime Phone _____ * Evening Phone _____

* Email _____

Employer _____ Job Title _____

Education Information

Current School _____

Current Grade _____

Musical Information

Voice Type (Girls Chorus applicants) _____

Primary Instrument (Chamber Music applicants) _____

Years Studied _____

Private Teacher _____ Phone _____

Ensemble Director _____ Phone _____

Musical Experience

Please list applicant's participation in school-affiliated and/or non-school affiliated musical experiences. Examples include (but are not limited to): TMEA All-Region, All-Area and All-State membership (please note ranking), UIL Solo & Ensemble (please note ratings), Youth Orchestra membership, church music participation, special musical honors, award, or accomplishments. You may attach an additional page if necessary.

Audition Dates

Please select three audition dates in priority order (1 most preferred, 3 least preferred) and mark a preferred time of day.

____ I have already auditioned
____ Sat., Sept. 10, Pershing MS Morning Lunchtime Afternoon
____ Sat., Dec. 17, Pershing MS Morning Lunchtime Afternoon
____ Sat., Jan. 7, Pershing MS Morning Lunchtime Afternoon

Scholarship Application

If you wish to apply for tuition assistance, please fill out the Scholarship Application on the reverse of this page.

AFA Contact Information

Mail applications to: _____ Fax applications to: 713-522-9631

AFA

1718A Lubbock Street
Houston, Texas 77007

Questions: 713-522-9699 or AmandaH@afatexas.org

