



Orchestral and Chamber Music Academy
Application Form

APPLICANT INFORMATION

First Name: _____ Last Name: _____ Instrument: _____

Date of Birth: ____/____/____ Age on June 12: _____ Gender: _____

Current Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

School You Attend: _____ Grade year completed in June: _____

Are you a member of an orchestra? If so, which one?: _____

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: _____

Phone: _____ Email: _____

MUSICAL STUDIES

Name of Private Teacher: _____

Phone: _____ Email: _____

Number of Years with this Teacher: _____ Total Years of Private Study: _____

ROOM AND BOARD (Cost: \$400)

____ Yes, I will stay at the university dorm.

____ No, I will not stay at the university dorm.

TUITION (Cost: \$250)

Deposit: \$100 due before May 5th. This fee is non-refundable.

Please make checks payable to HCA. (Please add "Orchestral Academy" on the memo line.)

I certify that the information on this application form is accurate to the best of my knowledge.

Name of Applicant

Signature of Applicant

Signature of Parent/Guardian

Date

RETURN TO:
FestivalSouth Orchestral and Chamber Music Academy
Attn: Jorge Gonzalez
WCU Box 14
710 William Carey Parkway
Hattiesburg, MS 39401