Applications are due 3/1712 There is no application fee. Please do not send money.

CALCAP '12 APPLICATION FORM

Address:	Name:	rument:		
City (State) (Zip) (State) (Zip)	Address:			
Carea Code	(Street)	(City)		
Please check one of the following session options: Week 1 (July 22-27)	Phone: (Area Codo)	Occupation:		
☐ Week 1 (July 22-27) ☐ Either week (higher possibility of acceptance) ☐ Week 2 (July 29 – August 3) ☐ Both weeks ☐ I am a student wishing to be considered for a scholarship ☐ I am a non-student wishing to be considered for a need-based scholarship. Estimated Ability/Experience Level: ☐ Intermediate ☐ Intermediate skills but experienced in chamber music ☐ Advanced skills but not experienced ☐ Professional player I practice: ☐ Daily ☐ Weekly ☐ Monthly I play in chamber ensembles: ☐ Once a week ☐ Once a month ☐ Occasionally ☐ Never I take private lessons: ☐ Once a week ☐ Once a month ☐ Occasionally ☐ Never ☐ I am an intermediate player who is interested in the CALCAP Prep Program ☐ New Participant ☐ New Participant Workshop participants/staff who you know: ☐ Professional player ☐ New Participant Name and phone # or email address of a teacher or ensemble director familiar with your work: New to the workshop? Please include a brief resume of your instrumental training and experience. I am: ☐ a high school student ☐ a college student ☐ a working adult ☐ retired	,			
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Please give us an update on your chamber music activities since your last participation:				
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If accepted, would you be interested in staying in a university residence hall? Yes Send completed application to:		taying in a university residence hall?	? L Yes	□ No

CalCap Chamber Music Workshop, Sacramento State Department of Music 6000 J Street, Sacramento, CA 95819-6015, ATTN: Peter Nowlen **OR EMAIL** to <u>CalCapCMW@yahoo.com</u>