

Applications are
due 3/24/17
There is no application fee.
Please do not send money.

CALCAP '17 APPLICATION FORM

Name: _____ Instrument: _____

Address: _____
(Street) (City) (State) (Zip)

Phone: _____ Occupation: _____
(Area Code)

Email: _____

Please check one of the following session options:

- Week 1 (July 23-28) Either week (higher possibility of acceptance)
 Week 2 (July 30 – August 4) 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
 Advanced and experienced Professional player

I practice: Daily Weekly Monthly

I play in chamber ensembles: Once a week Once a month Occasionally Never

I play in a band or orchestra: 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

Workshop participants/staff who you know: _____

Please list a few representative chamber music works you have played: _____

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

- Returning Participant** I last attended in the summer of _____.

Please give us an update on your chamber music activities since your last participation: _____

If accepted, would you be interested in staying in a university residence hall? Yes No

Send completed application to:

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

Please do not send money at this time.