



**APPLICATION FORM
YOUNG ARTIST COLLEGIATE PROGRAM**

**VANCOUVER ACADEMY OF MUSIC
S. K. LEE COLLEGE**
1270 Chestnut Street
Vancouver BC V6J 4R9 Canada
FAX 604 731 1920 • TEL 604 734 2301
www.college.vam.ca
email: college@vam.bc.ca

	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		
DATE			
SURNAME (legal)	FIRST NAME	MIDDLE NAME	
SOCIAL INSURANCE NUMBER *Required by CRA	EMAIL ADDRESS	TELEPHONE	
DATE OF BIRTH: DD-MM-YYYY	COUNTRY OF BIRTH	CITIZENSHIP	CANADIAN RESIDENCY STATUS ** <small>** If not Canadian indicate status in Canada: Permanent Resident or on a Canada Study Permit?</small>
CURRENT MAILING ADDRESS	CITY/PROVINCE	POSTAL CODE	COUNTRY
PERMANENT MAILING ADDRESS (IF DIFFERENT)	CITY/PROVINCE	POSTAL CODE	COUNTRY
PARENT OR GUARDIAN CONTACT INFORMATION	ADDRESS	TELEPHONE	EMAIL ADDRESS

CHECK MAJOR FIELD OF STUDY:			
<input type="checkbox"/> PIANO	<input type="checkbox"/> DOUBLE BASS	<input type="checkbox"/> HORN	<input type="checkbox"/> OTHER
<input type="checkbox"/> HARP	<input type="checkbox"/> OBOE	<input type="checkbox"/> TRUMPET	
<input type="checkbox"/> VIOLIN	<input type="checkbox"/> CLARINET	<input type="checkbox"/> TROMBONE	
<input type="checkbox"/> VIOLA	<input type="checkbox"/> FLUTE	<input type="checkbox"/> TUBA	
<input type="checkbox"/> VIOLINCELLO	<input type="checkbox"/> BASSOON	<input type="checkbox"/> PERCUSSION	TEACHER PREFERENCE

ARE YOU CURRENTLY TAKING PRIVATE MUSIC LESSONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF TEACHER	TEACHER CONTACT INFO	

ARE YOU CURRENTLY ENROLLED IN A SCHOOL OF MUSIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IF YES, NAME OF SCHOOL	SCHOOL ADDRESS	

PLEASE PROVIDE DETAILS OF ANY AWARDS, SCHOLARSHIPS, ETC. THAT YOU MAY HAVE RECEIVED:	
RECEIVED FROM	DATE RECEIVED
RECEIVED FROM	DATE RECEIVED
RECEIVED FROM	DATE RECEIVED

AUDITION PROGRAM

Important: This section is to be filled out by all applicants. Applicants must arrange a specific time for audition by emailing <college@vam.bc.ca>

Requirements: Two contrasting works not to exceed a combined duration of 20 minutes.

NAME OF COMPOSER	TITLE OF WORK

REPERTOIRE

This section **MUST BE COMPLETED BY ALL** applicants. Please list below the music you have studied and which you consider a part of your repertoire. Technical studies should be included. Please attach an extra page if necessary.

NAME OF COMPOSER	TITLE OF WORK

Send your completed application papers and fees to:

College Admissions
Vancouver Academy of Music
1270 Chestnut Street
Vancouver, BC V6J 4R9 Canada

Feel free to send forms via email : college@vam.bc.ca

It is understood and agreed that the filing of this application does not obligate the Vancouver Academy of Music to provide an audition.

SIGNATURE OF APPLICANT

SIGNATURE OF PARENT OR GUARDIAN (If applicant is under age 19)

DATE SIGNED

DATE SIGNED

CHECKLIST

Your completed Application Form must be sent to College Admissions with all of the following considered:

- Applicant is age 14-18 or entering Grades 9-12 at time of application
- Live audition
- Completed YACP Application Form
- \$100.00 application fee. Please make cheques out to: VAM. Fees can also be paid by etransfer, electronic funds transfer, or wire transfer. For more information on fee payment contact: college@vam.bc.ca
- Secondary school transcript
- Two Evaluation Forms or letters from professional musicians, either teachers or performers
- If English is not the student's first language, proof of English language proficiency (see VAM website for more details)

NOTE

- Candidates accepted for audition will also be interviewed and take an entrance test 40 to 60 minutes in length on music theory knowledge and English skills.
- Applications due: May 31, 2019
- Date of auditions and entrance test: June 2019 (date tba)