

2024 Ishikawa Music Academy Master Class Application Form

No. _____

Master Class	<input type="checkbox"/> Violin <input type="checkbox"/> Cello <input type="checkbox"/> Piano <input type="checkbox"/> Vocal
Name	<input type="checkbox"/> Ms. <input type="checkbox"/> Mr.
	_____ <small>Last First Middle In Chinese characters, if any.</small>
Date of Birth	Month: _____ Day: _____ Year: _____ (Age: _____)
Country of Birth	Country of Birth: _____
	Country of Citizenship: _____
	Country of Issuing Passport: _____
Name of Guardian	(Required if applicant is under the age of 13.)
Current Address	Tel: _____ Fax: _____
Permanent Address (if different from above)	Tel: _____ Fax: _____
E-mail Address	_____
Address to be sent to	<input type="checkbox"/> Current Address <input type="checkbox"/> Permanent Address
Current or Last School Attended	Name of School: _____
	Grade in School: _____ Year of Graduation: _____
	Major: _____
Occupation (If you have any)	_____
Current Teacher or Previous Teacher	_____
Music History (Profile)	_____
Major Prizes/Awards Competitions/Scholarship	_____
Pieces to Perform: 1. _____ (____ mov.) Composer: _____ <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied 2. _____ (____ mov.) Composer: _____ <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied 3. _____ (____ mov.) Composer: _____ <input type="checkbox"/> Accompanied <input type="checkbox"/> Unaccompanied	

_____ Other considerations please include here _____