

YOUNG MUSICIANS' CAMP COMMUNITY SERVICE PROGRAM APPLICATION

TO APPLY:

1. Complete this Application and send it by mail to:

**Frost Young Musicians' Camp
University of Miami
P.O. Box 248165
Coral Gables, FL 33124-7610**

2. After the Camp receives your application, you will be contacted by our Student Activities Director, Ms. Yvette Fojo, for a telephone interview. You will be notified by email if you are accepted into this program. If you are accepted, click "Register Here" on the camp website, complete the online registration form and send in your payment. **Do not register** until you receive an acceptance email!

SESSION *(Check one) The cost of each session is \$125. This includes daily lunch.*

Session A: June 19 - June 30

Session B: July 3 - July 14

PERSONAL DATA *(Please Print)*

DEADLINE MAY 15, 2017

| | | |
|--|-----------------------|--|
| Name <i>(last, middle, first):</i> | | |
| Grade <i>(entering in Fall):</i> | Age <i>(current):</i> | |
| Address: _____ _____ | | |
| Participant Cell Phone: | Email: | |
| Parent Cell Phone: | Email: | |
| Are you a US citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No | Race: | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male |

EDUCATION BACKGROUND

| | |
|--|--------|
| High School: | |
| College: | Major: |
| Instrument: | |
| Instrumental/Vocal Study <i>(Number of years / major teachers/awards & honors):</i> _____ _____ _____ | |

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| Camps attended as a camper: _____ _____ |
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PREVIOUS EMPLOYMENT, COMMUNITY SERVICE OR LEADERSHIP EXPERIENCES

| | | |
|----------|---------|-------|
| Position | Salary: | Year: |
|----------|---------|-------|

| |
|-----------|
| Employer: |
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|----------|
| Address: |
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|----------|--------|
| Contact: | Phone: |
|----------|--------|

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| Please list any other relevant leadership or employment experiences below: _____ _____ |
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| Is there any special condition which will enter into your accepting this position? |
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|---|
| Have you been convicted of a crime (<i>including traffic violations</i>) or been imprisoned during the last seven years? (<i>A conviction will not necessarily bar you from employment</i>) if yes, please explain. _____ _____ |
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|--|
| Have you ever been convicted of a sex-related or child abuse related offense? <input type="checkbox"/> Yes Please explain: _____ _____ |
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|---|
| Do you have any physical or mental disability that may limit your performance in this job? <input type="checkbox"/> Yes If yes, what can be done to accommodate you? |
|---|

REFERENCES:

Please list two (2) educational, professional or references who are familiar with you, can comment on your character, the quality of your work, have worked directly with you, and have known you for at least one year.

| | | |
|-------|---------------|--------|
| Name: | Relationship: | Phone: |
|-------|---------------|--------|

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|-------|---------------|--------|
| Name: | Relationship: | Phone: |
|-------|---------------|--------|