VSA FLORIDA
The State Organization on Arts and Disability

2011-2012 VSA FLORIDA
YOUNG SOLOISTS PROGRAM
Ensemble (2 to 8 performers)
Application Form

Name of Ensemble: _____

Type of Ensemble: _____
Number of members

Primary Contact for Ensemble: _____
Name Date of Birth

Address: _____
Street City State Zip

Telephone Number: ( ) _____ ( ) _____
Home phone Cell phone

Email Address: _____

☐ Instrument: _____
☐ Voice _____

Disability: _____
(for eligibility purposes only)

Names of other ensemble members:

(1)_____
Full name Signature Disability (for eligibility only)

(2)_____
Full name Signature Disability (for eligibility only)

(3)_____
Full name Signature Disability (for eligibility only)

(4)_____
Full name Signature Disability (for eligibility only)

(5)_____
Full name Signature Disability (for eligibility only)

(6)_____
Full name Signature Disability (for eligibility only)

(7)_____
Full name Signature Disability (for eligibility only)

Biographical Description

On a separate sheet of paper, provide a one-page narrative including biographical information on each member of the ensemble and the reasons why you feel your ensemble should be selected as the recipient of the 2011-2012 VSA Florida Young Soloists Award. This information should focus on the ensemble's musical training and experience and not on the disability of the member(s) of the ensemble.

Recording Submission

You must submit a CD or DVD with this application. Please see the enclosed application guidelines for further instructions. Indicate below what has been provided:

☐ CD ☐ DVD

Recordings must include three selections. **We recommend recording your best piece first.** Please list the recorded selections below in order of the recording:

Selection #1: _____Length:_____

Selection #2: _____Length:_____

Selection #3: _____Length:_____

Primary Contact's Signature:_____

Date: _____

Name of Parent/Guardian
of Primary Contact: _____
(if contact under age 18)

Parent/Guardian Phone: (_____) _____ (_____) _____
Home phone Cell phone

Parent/Guardian Email: _____
Parent/Guardian
Signature: _____
(if contact under age 18)

Date: _____

Please submit this application form, your narrative, your recording and the signed photo/news release form to:

Wendy Finklea
***VSA Florida* Young Soloists Award**
4202 E. Fowler Ave. EDU105
Tampa, Florida 33620
wfinklea@usf.edu

Entries should be received no later than ***June 15, 2011*** ***Deadline Final***

Young Soloist Photo/News Release Form

I _____ hereby give consent to VSA Florida to use my (child's) _____ name, age, attending school, disability and photo for future public awareness including print media, online news distribution, VSA Florida website, television and radio opportunities, the CORE (Dept. of Education) e-newsletter and BEESS (Bureau of Exceptional Education Student Services) e-newsletter.

_____

Signature

_____ _____

Guardian signature (if necessary) Date

_____

Address

_____

Telephone

******Please return this form with the rest of your Young Soloist application packet. Your application will not be processed without it. Thank you.**