

**2012 Esterhazy String Quartet Seminar  
STUDENT APPLICATION**

<hr/> <b>Name</b>	<hr/> <b>Age</b>	<hr/> <b>Date of Birth</b>	<b>Gender: M   F</b>	
<hr/> <b>Street Address</b>		<hr/> <b>City</b>	<hr/> <b>State</b>	<hr/> <b>Zip</b>
<hr/> <b>Home Phone</b>	<hr/> <b>Cell Phone</b>		<b>T-shirt size: S   M   L   XL</b>	
<hr/> <b>Name of Parent(s)/Guardian(s)</b>		<hr/> <b>Work Phone</b>	<hr/> <b>Cell Phone</b>	

**E-Mail Address (please list all e-mail addresses to be used - student's and parents')**

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<hr/> <b>Instrument</b>	<hr/> <b>Years of Study</b>	<hr/> <b>Name of Current High School or College</b>
<hr/> <b>Name of Teacher</b>		<hr/> <b>Teacher's Phone/email</b>

**List specific chamber works/movements you have studied/performed in the past two years.**

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**Audition Method (please check one):**     By Video     By Audio

*Please enclose your video/audio recording with this application.  
(Video/audio CDs/tapes must be of high quality, but need not be professionally produced.)*

**Application deadline: all materials must be postmarked by April 16, 2012**

**2012 Esterhazy String Quartet Seminar  
Teacher Recommendation Form**

Student's Name: \_\_\_\_\_ Student's Instrument: \_\_\_\_\_

Dear Music Teacher:

The student listed above is applying for admission to the Esterhazy String Quartet Seminar. Your candid assessment of this student's musical development and potential will be very helpful in the selection process. This information is confidential. Please complete this form and return it to the student in a sealed envelope. Thank you.

How long have you known the student (years)? \_\_\_\_\_

In what capacity have you taught the student?

Ensemble director Name of ensemble \_\_\_\_\_

Private teacher List instrument \_\_\_\_\_

Other Please specify \_\_\_\_\_

Please assess the student in terms of skills and potential in the following:

	Below Average	Average	Good	Excellent	Outstanding
Musicality/Phrasing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rhythm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitch/Intonation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy in Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sight-Reading Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tone Quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please assess the student's attitude in regards to:

	Below Average	Average	Good	Excellent	Outstanding
Responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discipline/Preparation for Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude Towards Criticism/Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have you seen this student interact with other students?  Yes  No

If yes, how does the student interact?  Very well  Above normal  Average  With difficulty  Keeps to self

Please add any additional comments on the back of this form.

This confidential statement is made by: \_\_\_\_\_ Position: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature (required) \_\_\_\_\_ Date: \_\_\_\_\_

**TEACHER'S INSTRUCTIONS UPON COMPLETION:** Please place this completed form in a sealed envelope. Please PRINT the student's name on the front of the envelope. Please write your signature across the sealed portion of the envelope and return the envelope to the student. Thank you.