

Fischoff National Chamber Music Mentoring Project Application

Please have each member fill out completely & return to the Fischoff office:

Fischoff Chamber Music Association, 302 Brownson Hall, Notre Dame, IN 46556

Ensemble Name: _____ Playing together as a group since: _____

Instrumentation of group: _____

Group contact (name, phone & email): _____

Band/Orchestra Instructor (name, phone & email): _____

Member 1:

Name: _____ Instrument: _____

Age: _____ Grade: _____ Started playing instrument: _____

School: _____ Years in Chamber Group: _____

Parent/Guardian Name(s): _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Private Instructor's Name: _____ # of years taking private lessons: _____

Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.): _____

List any musical honors/awards: _____

Extracurricular activities: _____

Member 2:

Name: _____ Instrument: _____

Age: _____ Grade: _____ Started playing instrument: _____

School: _____ Years in Chamber Group: _____

Parent/Guardian Name(s): _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Private Instructor's Name: _____ # of years taking private lessons: _____

Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.): _____

List any musical honors/awards: _____

Extracurricular activities: _____

Member 3:

Name: _____ Instrument: _____

Age: _____ Grade: _____ Started playing instrument: _____

School: _____ Years in Chamber Group: _____

Parent/Guardian Name(s): _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Private Instructor's Name: _____ # of years taking private lessons: _____

Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.): _____

List any musical honors/awards: _____

Extracurricular activities: _____

Member 4:

Name: _____ Instrument: _____

Age: _____ Grade: _____ Started playing instrument: _____

School: _____ Years in Chamber Group: _____

Parent/Guardian Name(s): _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Private Instructor's Name: _____ # of years taking private lessons: _____

Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.): _____

List any musical honors/awards: _____

Extracurricular activities: _____

Member 5:

Name: _____ Instrument: _____

Age: _____ Grade: _____ Started playing instrument: _____

School: _____ Years in Chamber Group: _____

Parent/Guardian Name(s): _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Private Instructor's Name: _____ # of years taking private lessons: _____

Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.): _____

List any musical honors/awards: _____

Extracurricular activities: _____

Member 6:

Name: _____ Instrument: _____

Age: _____ Grade: _____ Started playing instrument: _____

School: _____ Years in Chamber Group: _____

Parent/Guardian Name(s): _____

Home Address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Private Instructor's Name: _____ # of years taking private lessons: _____

Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.): _____

List any musical honors/awards: _____

Extracurricular activities: _____

For more information, contact Pam O'Rourke at (574) 631-2903 or pam@fischhoff.org

Office use only: Date application received:

Contract received:

Coach assignment: