



INTERNATIONAL YOUNG SOLOISTS AWARD
Ensemble (2 to 8 performers)
2010 Application Form

Ensemble Information

Name of Ensemble: _____

Type of Ensemble: _____

Number of members

Primary Contact for Ensemble: _____

Name Date of Birth

Address: _____

Street City State Zip

Telephone Number: _____

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Home phone Cell phone

Email Address: _____

- Instrument: _____
- Voice _____

Names of other ensemble members (please type or print clearly)

(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)

Narrative

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 2010 VSA *arts* International 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.

(continued on next page)

Recording Submission

You must submit a recording of your performance with this application. We prefer to receive your recording on CD or DVD. If that is not possible, you may submit a VHS recording or audio tape instead. Please see the application guidelines for further instructions. Indicate below the type of recording provided:

- CD DVD Audio tape Video tape (VHS ONLY)

Recordings must include three selections. **We recommend recording your best piece first.** Live accompaniment, not recorded, must be used. Please list the recorded selections below in order of the recording:

Selection #1

Title: _____

Composer: _____

Duration: _____

Selection #2

Title: _____

Composer: _____

Duration: _____

Selection #3

Title: _____

Composer: _____

Duration: _____

(continued on next page)

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 one page narrative, and your recording to the appropriate address for your state, found on www.vsarts.org/soloists. **Entries should be received no later than November 16, 2009 for United States musicians and December 1, 2009 for musicians outside the United States.**

How did you hear about the VSA *arts* International Young Soloists Award? _____

