

Office of Admissions
The Juilliard School
60 Lincoln Center Plaza
New York, NY 10023-6590
(212) 799-5000, ext.223

2012 Juilliard String Quartet Seminar

Please type or print neatly and accurately. **Complete both pages.** Please include a standard music CD (preferred) or cassette tape with an application fee of **\$50.00 (check or money order, payable to "The Juilliard School")** and submit by **February 1, 2012**. CDs will be reviewed, and selected quartets will be invited to participate in the seminar week, **Monday, May 21 through Friday, May 25, 2012**.

Check here if you plan to audit the seminar (\$50.00 application fee required)

1. NAME OF QUARTET _____ # OF YEARS AS A QUARTET _____

2. CONTACT PERSON _____
Name _____ E-mail _____

3. QUARTET MEMBERS:

Name **(1st Violin)**

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Date of Birth _____ Gender _____ Age _____ Citizenship _____

Name **(2nd Violin)**

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Date of Birth _____ Gender _____ Age _____ Citizenship _____

Name **(Viola)**

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Date of Birth _____ Gender _____ Age _____ Citizenship _____

Name **(Cello)**

Address _____ Phone _____

City _____ State _____ Zip _____ Country _____

Date of Birth _____ Gender _____ Age _____ Citizenship _____

4. EDUCATION: (For each quartet member, give name and location of university/professional music school, year of attendance, and degree/diploma received.)

NAME _____ SCHOOL _____ DATES _____ DEGREE/DIPLOMA _____

5. WHO HAVE BEEN YOUR PRINCIPAL TEACHERS?

NAME _____ ADDRESS _____ CITY, STATE, COUNTRY _____ DATES _____

(Complete both pages)

6. SCHOLARSHIPS, AWARDS, PRIZES OR FOUNDATION GRANTS RECEIVED BY THE QUARTET:

AWARDED BY	PURPOSE	AMOUNT	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. PERFORMING EXPERIENCE: (Please summarize your quartet's upcoming and most recent engagements. Attach additional sheets if necessary.)

NAME OF WORK	NAME OF COMPOSER	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. REPERTOIRE: (Please summarize your quartet's principal repertoire. Attach additional sheets if necessary.)

NAME OF WORK	NAME OF COMPOSER
_____	_____
_____	_____
_____	_____

9. IF YOU ARE UNDER COMMERCIAL MANAGEMENT, PLEASE GIVE US YOUR MANAGEMENT INFORMATION.

NAME	ADDRESS	DATE
_____	_____	_____

10. IF THERE IS ANY ADDITIONAL INFORMATION OR MATERIAL WHICH YOU THINK MIGHT BE HELPFUL IN EVALUATING YOUR APPLICATION, PLEASE BE SURE TO INCLUDE IT. **AUDITORS, PLEASE ATTACH AN ESSAY DESCRIBING WHY YOU WOULD LIKE TO AUDIT THE SEMINAR.**

11. HOW DID YOU LEARN ABOUT THE JULLIARD STRING QUARTET SEMINAR WEEK?

12. SIGNATURE _____ DATE _____

For the _____ (QUARTET NAME)

(Complete both pages)