



APPLICATION

Deadline February 1, 2010

Application Fee: \$30.00

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

Social Security No. or UM Student I. D. #: \_\_\_\_\_

Current Mailing Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Permanent Mailing Address: \_\_\_\_\_

Telephone Number: I wish to register as a/an:  Undergraduate  Graduate  Auditor

I would like to be considered for a limited scholarship:  Yes  No

Do you have any physical impairment that might limit your activities?  Yes  No

If yes, please explain: \_\_\_\_\_

Check one:  Voice (category) \_\_\_\_\_  Pianist

University level attained: \_\_\_\_\_

School attended or attending: \_\_\_\_\_

Performance background/experience (attach separate sheet if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE SEND THIS APPLICATION FORM, ALONG WITH A CASSETTE TAPE OR CD AND LETTER OF RECOMMENDATION FROM YOUR PRESENT OR MOST RECENT TEACHER TO:

Dr. Esther Jane Hardenbergh  
University of Miami School of Music at Salzburg  
PO Box 248165  
Coral Gables, Florida 33124