



Academy of Music

Application Form

NOTE: If the applicant is an adult and/or a beginner, some of the queries below are not relevant.
Please supply all applicable information and leave other blanks empty.

Pupil's Name: _____ Age: _____

School: _____ Grade: _____

Parents: _____

Address: _____

City, State, Zip: _____ Phone: _____

E-mail (if available): _____ Work Phone: _____

Previous private instruction, if any: _____ years

Previous teacher: _____

Level of recent repertoire (examples of pieces studied recently):

Other previous musical experience (church choir, school chorus, band, etc.):

Teacher preference, if any: _____

I am interested in possible enrollment in beginning group classes: _____

[Signed] _____

Date: _____

SUBMIT APPLICATION FORM:

**Mail – Hollins University
Academy of Music
Box 9643
Roanoke, VA 24020**

Fax – 540-362-6512

**Email –
kmorgiewicz@hollins.edu**