



FISCHOFF

NATIONAL CHAMBER
MUSIC ASSOCIATION

2023 – 2024

FISCHOFF CHAMBER MUSIC ACADEMY ENSEMBLE APPLICATION

Please fill out this form completely and mail to Geena Kam, 119 Haggar Hall, Notre Dame,
IN 46556 or Email at geena@fishoff.org

APPLICATION CHECKLIST

1. Completed Application
2. Non-refundable application fee of \$25* per ensemble. Fee will be accepted via [website](#) or send a check, payable to FISCHOFF, to Geena Kam, 119 Haggar Hall, Notre Dame, IN 46556
3. Two Video Recordings of each applicant
4. A Repertoire List of each applicant
5. A Letter of Recommendation of each applicant
6. One Video Recording of the ensemble if possible

*We would like to encourage students to apply regardless of their financial situation. Please contact Geena Kam at geena@fishoff.org to inquire about our application fee waiver.

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 (2023-2024): _____ Started playing instrument: _____

School (2023 -2024): _____ years in chamber group: _____

Email: _____

Parent/Guardian name(s): _____

Home address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Primary 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 (2023-2024): _____ Started playing instrument: _____
School (2023 -2024): _____ Years in chamber group: _____
Email: _____
Parent/Guardian name(s): _____
Home address: _____ Email: _____
City: _____ Zip Code: _____ Phone: _____

Primary 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 (2023-2024): _____ Started playing instrument: _____
School (2023- 2024): _____ Years in chamber group: _____
Email: _____
Parent/Guardian Name(s): _____
Home address: _____ Email: _____
City: _____ Zip Code: _____ Phone: _____

Primary 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 (2023-2024): _____ Started playing instrument: _____

School (2023 -2024): _____ Years in chamber group: _____

Email: _____

Parent/Guardian name(s): _____

Home address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Primary 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 (2023-2024): _____ Started playing instrument: _____

School (2023 -2024): _____ years in chamber group: _____

Email: _____

Parent/Guardian Name(s): _____

Home address: _____ Email: _____

City: _____ Zip Code: _____ Phone: _____

Primary 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 (2023-2024): _____ Started playing instrument: _____
School (2023 -2024): _____ Years in chamber group: _____
Email: _____
Parent/Guardian name(s): _____
Home address: _____ Email: _____
City: _____ Zip Code: _____ Phone: _____

Primary instructor's name: _____ # of years taking private lessons: _____
Instructor's email: _____ Phone: _____

List performance experience (ensembles, etc.):

List any musical honors/awards:

Extracurricular activities:

Office use only: Date application received:

Contract received:

Coach assignment:



FISCHHOFF

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FISCHHOFF CHAMBER MUSIC ACADEMY Music Teacher Recommendation Form

INSTRUCTIONS

This form is to be completed by the applicant's teacher of private music lessons. If applicant is not studying music privately, the applicant's primary teacher of music, such as a school music teacher, should fill out this form. **This form must accompany the applicant's form and be filed at the same time.**

Name of Teacher: _____ Instrument taught: _____

Phone: _____ Email: _____

Name of Student: _____ How long has this student studied with you: _____

What evidence of the pursuit of excellence do you see in this student:

Do you recommend the Fischhoff Chamber Music Academy program for this student: Yes No

Give reasons:

Teacher Signature: _____ Title: _____ Date: _____

