



**CSSSA Music Application—2012**

Student Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **3. PARENT/GUARDIAN INFORMATION**

Parent/Guardian First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Cell Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

**4. SCHOOL INFORMATION**

Current School: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ California County:

\_\_\_\_\_

**5. ATTENDANCE VERIFICATION**

To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the Attendance Verification form (page 11).

**6. RECOMMENDATION INFORMATION**

Please identify two people who will complete the Recommendation Forms on your behalf. These people should be schoolteachers, private instructors, or arts professionals in your chosen subject area. Recommendations may be submitted on school stationery if the recommender prefers that, but they **MUST** be enclosed with this application.

FIRST RECOMMENDATION:

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

Position: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if outside of US): \_\_\_\_\_

**SECOND RECOMMENDATION:**

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

Position: \_\_\_\_\_

School (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City/County: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country (if outside of US): \_\_\_\_\_

**7. WHERE DID YOU LEARN ABOUT California State Summer School for the Arts?**

Friend  Internet  Poster  Teacher  School Administration

Local Arts Organization  Other (Specify):

\_\_\_\_\_

**8. CALIFORNIA RESIDENTS ONLY: WHO ARE YOUR LEGISLATIVE REPRESENTATIVES?**

State Senator:

\_\_\_\_\_

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State Assembly Member:

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To determine your legislative representatives, go on the Internet to  
<<http://www.leginfo.ca.gov/yourleg.html>>.

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**9. DO YOU REQUIRE ANY SPECIAL SERVICES FOR REASON OF A DISABILITY?**

Physical:

- Legally blind/visually impaired
  - Mobility impairment (including orthopedic)
  - Other impairment (please specify):
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Communication:

- Speech impairment
- Hearing impairment
- Learning disability

Please describe:

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**10. ETHNIC INFORMATION** This question is voluntary. The California State Summer School for the Arts collects this information to conform to new guidelines from the Federal government. This information will not affect any student's application for admission.

Check one:

- American Indian or Alaska Native
- Asian
- Black or African-American
- Hispanic
- Native Hawaiian or other Pacific Islander
- White
- Other \_\_\_\_\_

**11. EDUCATIONAL INFORMATION**

How many years have you studied your primary art form?

(1) In your school: \_\_\_\_\_

(2) Private study: \_\_\_\_\_

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Please describe your education plans beyond high school:

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If you attended CSSSA previously, please circle the year(s) and indicate department(s):

2008  2009  2010  2011 Department(s):

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### 12. FILING INSTRUCTIONS

Mail all forms, the assignments for your department, and the application fee by February 28, 2012 to the Department you are applying to at:

California State Summer School for the Arts  
ATTENTION: Music Department  
P.O. Box 1077  
Sacramento, CA 95812-1077

- You MUST write the Department you are applying to on the outside of the envelope.
- A non-refundable \$20 APPLICATION FEE is required:

CHECK or MONEY ORDER made payable to "CSSSA"

VISA  MasterCard

Card # \_\_\_\_\_ Expires Mo. \_\_\_\_ Yr. \_\_\_\_

Three to seven digit number found in signature box on back of card: \_\_\_\_\_

**Contact: (916) 229-5160 / (916) 229-5170 (fax) /  
[www.application@csssa.org](mailto:www.application@csssa.org)**

**CSSSA Music Application—2012**  
**California State Summer School for the Arts 2012 Program**  
**RECOMMENDATION FORM**  
**DEADLINE: February 28, 2012**

To the Student: **YOU NEED TO PRINT AND SUBMIT TWO OF THESE FORMS!** Two individual adults need to fill out a recommendation form for you. Please make sure that your two recommendations and all other parts of your application, including the Required Assignments, are submitted in the same envelope by February 28, 2012. Your application cannot be completely processed until ALL REQUIRED FORMS AND RECOMMENDATIONS are received. Teachers may submit written recommendations on school stationery, if they prefer.

**1. STUDENT INFORMATION**

Students please fill in the student information portion of this form before providing it to the individual who will be recommending you.

Student First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**2. RECOMMENDING ADULT:** (Teacher, private instructor or other recommending adult).

Name of recommending individual:

\_\_\_\_\_

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Recommender's Address:

Street Address:

\_\_\_\_\_

City:

\_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address:

\_\_\_\_\_

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Recommender's Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Subject Taught: \_\_\_\_\_

How many years have you known this student and in what capacity:

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Indicate below your evaluation of the applicant:

1. Interest in chosen area:

Below Average  Average  Above Average  Superior

2. Ability in chosen area:

Below Average  Average  Above Average  Superior

3. Character:

Below Average  Average  Above Average  Superior

4. Cooperation:

Below Average  Average  Above Average  Superior

5. Leadership:

Below Average  Average  Above Average  Superior

6. Emotional Maturity:

Below Average  Average  Above Average  Superior

7. Personal Initiative:

Below Average  Average  Above Average  Superior

Additional comments:

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\_\_\_\_\_  
Signature:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
**3. RETURN COMPLETED FORM TO STUDENT** (May be sealed for confidentiality).

**Contact: (916) 229-5160 / (916) 229-5170 (fax) / [www.application@csssa.org](mailto:www.application@csssa.org)**

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**FINANCIAL AID REQUEST**

Financial aid is restricted to CALIFORNIA RESIDENTS. It is not awarded to students attending for a second summer regardless of department.

**DEADLINE: February 28, 2012**

- This form **must be submitted with the application** if you wish to be considered for financial aid. Your chances of acceptance to CSSSA will not be affected by your financial aid application.
- You **MUST** submit a copy of parent/guardian's 2010 or 2011 (whichever is most recently filed) 1040, 1040A, or 1040EZ tax forms and supplements with this request.
- **DO NOT FILL OUT THIS FORM OR SUBMIT INCOME TAX RETURNS IF YOU ARE NOT APPLYING FOR FINANCIAL AID.**
- THIS APPLICATION MUST BE TYPED OR COMPLETED IN BLUE OR BLACK INK PEN, not pencil.

Student Name:

\_\_\_\_\_

Home Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Street Address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

Parent/Guardian #1 Name:

\_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian #2 Name:

\_\_\_\_\_

Business Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

1. Parent(s)/Guardian(s)' current marital status (please check one)

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- ( ) Married. (Report income information for both parents, including step-parent.)
- ( ) Widow/Widower. (Report income information of surviving parent.)
- ( ) Separated/Divorced. (Report income information on parent you lived with during the last twelve months.)

2. State of LEGAL RESIDENCE of parent(s)/guardian(s): \_\_\_\_\_

3. Total size of HOUSEHOLD during 2010-2011 school year including parents/guardians, all dependent children, and other dependents who live with your parents:  
\_\_\_\_\_

4. Parents/Guardians' ADJUSTED GROSS INCOME:

a. Amount earned by Parent/Guardian #1: \_\_\_\_\_

b. Amount earned by Parent/Guardian #2: \_\_\_\_\_

5. Total U.S. INCOME TAX PAID (line 60 from Form 1040; line 11 from Form 1040EZ):

\_\_\_\_\_

6. SOCIAL SECURITY BENEFITS that the entire family received. Omit educational benefits. (Do not report money included in No. 4 above.) You must provide official supporting documentation.

\_\_\_\_\_

7. AFDC welfare benefits received by family. Report total annual amount, not monthly amounts. (Do not report money included in No. 4 above.) You must provide official supporting documentation.

\_\_\_\_\_

8. NON-TAXABLE INCOME. Include untaxed unemployment compensation, interest and dividend exclusion, military, or clergy housing allowances, the untaxed portion of capital gains, income from untaxed municipal bonds, child support, non-taxable retirement pay-outs, and non-educational veteran's benefits. (Do not report money included in No. 4 above.)

\_\_\_\_\_

9. UNREIMBURSED MEDICAL COSTS. Report medical expenses for the family that were not reimbursed. Use the same rules for calculation that the IRS allows, but

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exclude insurance premiums.

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10. STUDENT'S INCOME. Enter amount earned:

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11. STUDENT'S NON-TAXABLE INCOME. Enter total amount of untaxed income. (Use same definitions as in No. 8.)

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12. STUDENT'S SAVINGS. Enter total of checking and savings accounts.

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13. PARENT'S CASH SAVINGS. Enter total amount of savings and checking accounts.

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14. HOME VALUE. Enter the current market value of your home, condominium, or mobile home.

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15. MORTGAGE DEBT. Enter the amount of principal still owed.

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16. REAL ESTATE AND INVESTMENTS. Enter market value of other real estate, investments, stocks, bonds, certificates of deposit, precious metals, etc.

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17. INVESTMENT DEBT. Enter amount owed on investments in No. 16.

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18. BUSINESS OR FARM. Enter the market value of your business or farm. Include inventory.

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19. BUSINESS/FARM DEBT. Enter the amount of debt owed on business or farm.

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Exclude non-family partner's share of debt.

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20. Total number of family members who are full-time college students.

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Mail this form along with your application and materials by February 28, 2012 to:

**California State Summer School for the Arts**  
**Attention: Music Department**  
**P.O. Box 1077**  
**Sacramento, CA 95812-1077**

**Contact: (916) 229-5160 / (916) 229-5170 (fax) /**  
***www.application@csssa.org***

**CSSSA Music Application—2012**  
**California State Summer School for the Arts 2012 Program**  
**ATTENDANCE VERIFICATION FORM**

**POSTMARK DEADLINE: February 28, 2012, with completed application**

To the Student: YOU NEED TO PRINT AND SUBMIT THIS FORM, or a transcript.

- A teacher or counselor from your high school must fill out this form for you.
- Please make sure that this form and all other parts of the application are submitted without delay. Your application cannot be completely processed until ALL required forms are received by the California State Summer School for the Arts.

ATTENDANCE VERIFICATION: To verify your attendance at a California secondary school, please submit either a current transcript of your academic record, or have your teacher or counselor complete the following certification:

I certify that \_\_\_\_\_

(student) submitting this application is a bona fide student at:

\_\_\_\_\_ school.

Teacher/Counselor Name: \_\_\_\_\_

Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail\* this form along with your application and materials by February 28, 2012 to:

California State Summer School for the Arts  
Attention: Music Department  
P.O. Box 1077  
Sacramento, CA 95812-1077

\* You MUST write the name of the Department to which you are applying to on the outside of the envelope.

**Contact: (916) 229-5160 / (916) 229-5170 (fax) /**

## CSSSA Music Application—2012

[www.application@csssa.org](mailto:www.application@csssa.org)

All applicants to the Music Program must submit completed application and teacher recommendation forms and the following **REQUIRED**

### **ASSIGNMENTS:**

#### **ALL MUSIC APPLICANTS:**

- A. An audition video recording, submitted *ONLY* on DVD or mini-DVD that includes your performance of two pieces of contrasting styles that you have studied. The maximum combined performance length for the audition is six minutes.
  
- B. Begin your video by stating your name, your instrument(s) and the number of years you have played each (if applicable), and the titles and composers of your selections. (Label the DVD or mini-DVD with the same information). Then start your audition.  
*ACCEPTABLE file formats for video submission: .avi, .mov, .wav, and .wmv. Please do not include files in a format that is native to the program you are using to edit video (if applicable). Auditions submitted on VHS, CD, Mini-DV, Hi-8, or on any other analog cassette tape will not be reviewed.*
  
- C. In addition, ON A SEPARATE SHEET OF PAPER, write your answer to the following question: *Why do you want to attend the California State Summer School for the Arts, and what do you think you will contribute to the Music Program?*

#### **Optional Composition Assignment:**

**If you have a strong interest and ability in composing, you may include a DVD or mini-DVD recording of ONE original composed piece. Please note this is IN ADDITION TO THE REQUIRED ASSIGNMENTS outlined above.**

- A. An audition video recording, submitted *ONLY* on DVD or mini-DVD. The maximum performance length for the audition is six minutes.
  
- B. Begin your video by stating your name, the title, the instrumentation of your piece and the method of composition, (software platform). After you introduce yourself, begin the one original piece that best shows your range of abilities. The music may either be a recording of a live performance or a computer realization (you do not need to video the

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computer). Label the DVD or mini-DVD with your name and date of birth.

- C. You **MUST** provide a copy of the notated score of your original composition. You may submit either handwritten manuscript or computerized printouts made with notation software.

**RETURNING STUDENTS:** In addition, you must submit a brief statement of your specific learning objectives and reasons for wanting to return to the school. If you previously attended CSSSA in an artistic discipline other than Music, you must submit a recommendation from a CSSSA instructor in that department.

#### **FOR ALL STUDENTS, PLEASE NOTE:**

- Your audition video must be submitted on a DVD or mini-DVD. No other digital or analog formats are allowed. Auditions submitted on VHS-tapes, CD, mini-DV's, Hi-8, etc. will not be reviewed.
- Clearly label your materials and its container with your name and date of birth.
- We DO NOT assume responsibility for the loss or damage of submissions. **AUDITION MATERIALS WILL NOT BE RETURNED.**

If you are applying to *both* vocal and instrument, you must submit a separate application, application fee and audition video for each area. Clearly label the forms and audition materials with the different areas. Vocalists whose MAIN interest is acting in musical theatre should apply to the Theater Program. Send your audition materials and written statement, completed forms and teacher recommendations, the application fee, and financial aid request with tax documentation (if applicable) in one package to:

California State Summer School for the Arts  
Attn.: Music Department  
P.O. Box 1077  
Sacramento, CA 95812-1077