EASTERN symphony ORCHESTRA

# SHIP (Symphonic Honors Initiative Program)
# APPLICATION FORM

**DATE**_____

*Please print legibly and answer **all** questions to the best of your knowledge. When finished please email the completed form to Dr. Richard R. Rossi at:* rrrossi@eiu.edu

**NAME** *(as it should appear in a program)*_____ **Age**_____**Grade**_____

**INSTRUMENT:** _____**NAME OF PRIVATE TEACHER:**_____

**E-Mail:** _____*(other)*_____

**WHAT GRADE IN SCHOOL ARE YOU IN?** _____

**NAME OF SCHOOL**_____*(city)*_____

**MUSIC TEACHER IN SCHOOL** *(if any)*_____

**TYPE OF ENSEMBLE YOU PARTICPATE IN AT SCHOOL, if any?** *(circle one or more)*
**Orchestra** **Band** **Choir**

**PARENTAL NAMES:** _____*(Father)* _____*(Mother)*

**ADDRESS** *(street)* _____ **APT#** _____

*(city)* _____*(zip)*_____ **HOME PHONE:** _____

**PARENTAL WORK PHONE:** _____*(Father)* _____ *(Mother)*

**E-Mail:** _____*(Father)* _____ *(Mother)*

**WHAT IS YOUR ORCHESTRAL PLAYING BACKGROUND, IF ANY?**

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**HAVE YOU RECEIVED ANY AWARDS, SCHOLARSHIPS, OR HONORS FOR OUR PLAYING?**

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