

THE **LEON FLEISHER** WORKSHOP APPLICATION

For Piano Trios, Piano Quartets, and Piano Quintets

May 3–10, 2010 **Application Deadline: December 1, 2009**

Section I: Ensemble Information

Name of Ensemble Contact Person: _____

(All workshop correspondence will be sent to the person designated above.)

Ensemble Name: _____

Ensemble Members: _____

Founding Date: _____

Please provide a brief biography for the ensemble on the lines below (approximately 100 words):

Please indicate below how you heard about this workshop.

Friend: _____ Brochure/Poster: _____

Festival: _____ Teacher: _____

School: _____ Publication: _____

Workshop Faculty: _____ Online: _____ Other: _____

Section II: Ensemble Statement

What inspires your professional and personal lives? What do you hope to gain from this experience? (approximately 1,000 words)

(PLEASE ATTACH YOUR ANSWER TO THE APPLICATION.)

Section III: Ensemble Members

Member 1

Ms. Mrs. Mr.

Name: _____ Instrument: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Permanent Address (if different from above)

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Additional Information

Citizenship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

Have you attended any previous Carnegie Hall Professional Training Workshops?

Name of Workshop: _____ Year: _____

Name of Workshop: _____ Year: _____

To offer opportunities to participate in Professional Training Workshops to as many highly qualified young artists as possible, priority is given to new applicants. **Applicants who have participated in a Professional Training Workshop during the last two seasons may not apply, unless:**

- the workshops are in different disciplines (for example, applicant participated in a workshop for composers and wishes to apply for a workshop as an instrumentalist);
- the workshops are in different genres (for example, applicant participated in a jazz workshop and wishes to apply for a choral workshop); or
- the kind of participation in workshops is different (for example, applicant participated in a previous workshop as a soloist and wishes to apply for another workshop as part of an ensemble).

If selected to perform in this workshop, will you require housing in New York City? Yes No

If not selected as a performer, would you like to attend as an auditor? Yes No

If accepted, from what city would you be traveling? _____

If accepted, would you be available for the duration of the workshop as well as one day on either side for travel?

Yes No If not, please explain. _____

Please provide a brief biography on the lines below (approximately 100 words):

Which best describes your current professional status? Undergraduate Student Graduate Student

Professional Musician Other _____

Other Interests: _____

Member 2

Ms. Mrs. Mr.

Name: _____ Instrument: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Permanent Address (if different from above)

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Additional Information

Citizenship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

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Yes No If not, please explain. _____

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Professional Musician Other _____

Other Interests: _____

Member 3

Ms. Mrs. Mr.

Name: _____ Instrument: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Permanent Address (if different from above)

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Additional Information

Citizenship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

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Name of Workshop: _____ Year: _____

Name of Workshop: _____ Year: _____

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Professional Musician Other _____

Other Interests: _____

Member 4

Ms. Mrs. Mr.

Name: _____ Instrument: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Permanent Address (if different from above)

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Additional Information

Citizenship: _____

Home Phone: _____ Cell Phone: _____

E-Mail: _____ Date of Birth: _____

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Member 5

Ms. Mrs. Mr.

Name: _____ Instrument: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____ Country: _____

Permanent Address (if different from above)

Street Address: _____

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Professional Musician Other _____

Other Interests: _____

Section IV: Workshop Requirements

Include an unedited DVD with the following selections:

- the Brahms trio, quartet, or quintet your ensemble wishes to work on during the workshop
- another piece of your choice that fits your ensemble's instrumentation
- solo performances from ensemble members (optional)

AUDITION RECORDING INFORMATION

Please indicate the repertoire on your recording on the lines below and label the recording exactly the way you list it here. Please be sure your recording is tracked and indicate timings of specific solos you wish the selection panel to listen to. We encourage you to put your best track first. DVDs are strongly preferred; CDs are accepted.

HAVE YOU ENCLOSED THE FOLLOWING?

- Application Form Press Kit (if available) Recommendation Letters (two per member)
 Artistic Statement Audition Recording \$40 Application Fee (check or money order payable to The Carnegie Hall Corporation)

If press kit is not available, please also include: Résumé Headshot

PLEASE SEND ALL MATERIALS TO:

The Weill Music Institute at Carnegie Hall
Professional Training Workshops
881 Seventh Avenue
New York, NY 10019

PLEASE DIRECT ALL INQUIRIES TO:

Tel: 212-903-9733
Fax: 212-903-0733
ptw@weillmusicinstitute.org
weillmusicinstitute.org/workshops

Applications materials cannot be returned.

We kindly request that you visit our online FAQ page at weillmusicinstitute.org/workshops listed before contacting us.