



**2011-2012 VSA FLORIDA  
YOUNG SOLOISTS PROGRAM  
Individual Application Form**

Musician's Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone Number: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home phone Cell phone

Email Address: \_\_\_\_\_

Instrument: \_\_\_\_\_

Voice \_\_\_\_\_

Disability: \_\_\_\_\_  
(For eligibility purposes only)

---

**Biographical Description**

On a separate sheet of paper, provide a one-page narrative including biographical information and the reasons why you feel you should be selected as the recipient of the 2011-2012 VSA Florida Young Soloists Award. This information should focus on your musical training and experience and not on your disability.

**Recording Submission**

You must submit a CD or DVD with this application. Please see the enclosed application guidelines for further instructions. Indicate below the type of tape provided:

DVD  CD

Recordings must include three selections. **We recommend recording your best piece first.** Please list the recorded selections below in order of the recording:

Selection #1: \_\_\_\_\_ Length: \_\_\_\_\_

Selection #2: \_\_\_\_\_ Length: \_\_\_\_\_

Selection #3: \_\_\_\_\_ Length: \_\_\_\_\_

Musician's Signature: \_\_\_\_\_

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

Parent/Guardian's  
Name: \_\_\_\_\_

Parent/Guardian  
Signature: \_\_\_\_\_  
(if applicant under age 18)

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

**Please submit this application form, your narrative, your recordings and the signed photo/news release form to:**

**Wendy Finklea**  
**VSA Florida Young Soloists Award**  
**4202 E. Fowler Ave. EDU105**  
**Tampa, Florida 33620**  
[wfinklea@usf.edu](mailto:wfinklea@usf.edu)

*Entries should be received no later than **June 15, 2011** **Deadline Final***

## Young Soloist Photo/News Release Form

I \_\_\_\_\_ hereby give consent to VSA Florida to use my (child's) \_\_\_\_\_ name, age, attending school, disability and photo for future public awareness including print media, online news distribution, VSA Florida website, television and radio opportunities, the CORE (Dept. of Education) e-newsletter and BEESS (Bureau of Exceptional Education Student Services) e-newsletter.

---

Signature

---

Guardian signature (if necessary)

---

Date

---

Address

---

Telephone

**\*\*\*\*Please return this form with the rest of your Young Soloist application packet. Your application will not be processed without it. Thank you.**