2019 Lied Center Piano Academy at the Glenn Korff School of Music (LCPA) Application

Complete the application in its entirety – all information is required. Applications are accepted on a first-come, first-served basis. Deadline for application submissions is postmark June 1, 2019. Retain a copy of this application for your records. Acceptance notification will be verified by June 15, 2019. Check box for scholarship or tuition assistance consideration. Applicant Name Address _____ State ____ Zip _____ Applicant Phone Custodial parent/guardian name(s) 1. Primary/Emergency contact information (this is where all communications will be sent) Email _____Phone____ Secondary contact information Name ______Phone_____ Private instructor *_____ Number of yrs studied _____ Grade next school yr _____ ____Phone___ Instructor email *LCPA may contact the private instructor for reference Repertoire Two pieces from different eras and in different styles One piece shall be performance ready for final input from instructor One piece shall have basic learning completed and be ready for "in-process" instruction Fellow will provide a clean score for instruction (no photo-copies allowed) Performance-ready piece and composer: In-process piece and composer: Application Recording • Submit a video recording up to 3 minutes in length (smart-phone quality is acceptable) All signatures are required for enrollment. Do not submit an incomplete application. Parent/Guardian Authorization: • I have gone over the Youth Safety Activity Policy (https://police.unl.edu/youth-activity-safety-policy#docs-links) and LCPA Rules with my child. I will provide necessary information regarding any special needs, health concerns, or dietary restrictions prior to enrollment via the Youth Camp Permission and Health Form. I am aware that photographs may be taken throughout LCPA by authorized staff. I agree to allow photographs of my child to be used in press release and future promotional materials. Cell phones will not be permitted during LCPA lessons or class hours. I support this LCPA policy. Proper attire will be expected of all Fellows. I support this LCPA policy. I authorize my child to participate in all activities and performances sponsored by Final Steps – June 1, 2019 postmark deadline LCPA. In an emergency regarding my child, I authorize LCPA staff to take such • Submit the LCPA Application, Youth Activity/Media Release temporary measures (including medical care if necessary) as needed to secure Form, Health Permission Form, awards documentation, and \$50 the health and safety of my child. non-refundable deposit by personal check, made out to I realize that part of the maturation process for young performing artists is learning University of Nebraska-Lincoln. to fulfill responsibilities to the curriculum (including practice hours). I will help my • Submit a video recording up to 3 minutes in length (smartchild understand his/her responsibility to meet the obligations of LCPA. phone recording is acceptable quality) to LiedPianoAcademy@gmail.com (on or before June 1). Submit final payment of housing (\$317) and remaining tuition (\$50) by personal check, made out to University of Nebraska-Parent/Guardian Signature Date **Lincoln** on or before June 26, 2019. Scholarship or tuition assistance applicants will be notified of amount owed. Lied Center Piano Academy Fellow Pledge: Optional excursions may be available that may require nominal As a Fellow of LCPA, I agree to abide by LCPA rules and cooperate with staff to further its ideals. I have reviewed the Youth Safety Activity Policy and LCPA Rules with my Mail all forms and payments to: Lied Center for Performing Arts, parents. I agree to abstain from and not possess tobacco, alcoholic beverages or Attn: Piano Academy, 301 N. 12th Street, PO Box 880151, unauthorized drugs, not to deface University property, not to participate in hazing, threats, Lincoln, NE 68588-0151 or violence, not to endanger the safety of myself or others, nor to go out of bounds without permission. If I violate any LCPA rules, I jeopardize my good standing, my parent(s) will be notified, and I may be expelled immediately from LCPA, with no refund.

Parent/Guardian Witness Signature

Date

Date

LCPA Applicant Signature