

Office of Admissions  
The Juilliard School  
60 Lincoln Center Plaza  
New York, NY 10023-6590  
(212) 799-5000, ext.223

## 2009 Juilliard String Quartet Seminar

Please type or print neatly and accurately. **Complete both sides.** Please include a standard music CD (preferred) or cassette tape with an application fee of **\$50.00 (check or money order, payable to "The Juilliard School")** and submit by **February 1, 2009**. CDs will be reviewed, and selected quartets will be invited to participate in the seminar week, **Monday, May 18 through Friday, May 22, 2009**.

*Check here if you plan to audit the seminar (\$50.00 application fee required)*

1. NAME OF QUARTET \_\_\_\_\_ # OF YEARS AS A QUARTET \_\_\_\_\_

2. CONTACT PERSON \_\_\_\_\_  
Name E-mail

3. QUARTET MEMBERS:

\_\_\_\_\_  
Name **(1st Violin)**

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip Country

\_\_\_\_\_  
Date of Birth Gender Age Citizenship

\_\_\_\_\_  
Name **(2nd Violin)**

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip Country

\_\_\_\_\_  
Date of Birth Gender Age Citizenship

\_\_\_\_\_  
Name **(Viola)**

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip Country

\_\_\_\_\_  
Date of Birth Gender Age Citizenship

\_\_\_\_\_  
Name **(Cello)**

\_\_\_\_\_  
Address Phone

\_\_\_\_\_  
City State Zip Country

\_\_\_\_\_  
Date of Birth Gender Age Citizenship

4. EDUCATION: (For each quartet member, give name and location of university/professional music school, year of attendance, and degree/diploma received.)

NAME SCHOOL DATES DEGREE/DIPLOMA

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. WHO HAVE BEEN YOUR PRINCIPAL TEACHERS?

NAME ADDRESS CITY, STATE, COUNTRY DATES

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Complete both sides)*

6. SCHOLARSHIPS, AWARDS, PRIZES OR FOUNDATION GRANTS RECEIVED BY THE QUARTET:

AWARDED BY	PURPOSE	AMOUNT	DATES
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7. PERFORMING EXPERIENCE: (Please summarize your quartet's upcoming and most recent engagements. Attach additional sheets if necessary.)

NAME OF WORK	NAME OF COMPOSER	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

8. REPERTOIRE: (Please summarize your quartet's principal repertoire. Attach additional sheets if necessary.)

NAME OF WORK	NAME OF COMPOSER
_____	_____
_____	_____
_____	_____

9. IF YOU ARE UNDER COMMERCIAL MANAGEMENT, PLEASE GIVE US YOUR MANAGEMENT INFORMATION.

NAME	ADDRESS	DATE
_____	_____	_____

10. IF THERE IS ANY ADDITIONAL INFORMATION OR MATERIAL WHICH YOU THINK MIGHT BE HELPFUL IN EVALUATING YOUR APPLICATION, PLEASE BE SURE TO INCLUDE IT. **AUDITORS, PLEASE ATTACH AN ESSAY DESCRIBING WHY YOU WOULD LIKE TO AUDIT THE SEMINAR.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. HOW DID YOU LEARN ABOUT THE JULLIARD STRING QUARTET SEMINAR WEEK?

\_\_\_\_\_

12. SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

For the \_\_\_\_\_ (QUARTET NAME)

*(Complete both sides)*