

iPalpiti Artists International, Inc.

AUDITION APPLICATION

Mr./Ms. Name _____ Instrument/Voice _____

I apply for : (mark one or all) ___ **Festival/tours** ___ to be considered in the **Management Program_ Grant**

Address _____ City _____

State _____ Zip/Postal Code _____ Country _____

Phone _____ Fax _____ Mobile _____

E-mail _____ Birth date _____

Country of Birth _____ Present Citizenship _____

Enclose separate list of repertoire – solo and chamber, photo, biography and tape/or CD of your performance

High School, Conservatory, College, University:

_____ From _____ To _____ Degree _____

_____ From _____ To _____ Degree _____

Major Teachers _____

Awards won:

Major Performances _____

Recommendations _____

Name and position of two musicians providing recommendation letter for you

Signature of applicant _____ Date _____

Send this application form, accompanied by:

- Biography /or promotional leaflet
- Photo
- Tape/or CD of your performance (2-4 contrasting compositions of different periods)
- Essay : your life in music/your views on classical music/your ideas as an artist (1-2 pages)
- Sample of concert programs/ reviews (if applicable)
- Complete repertoire list of solo and chamber music
- Two letters of recommendation
- \$30 application fee
Click [here](#) to pay online

- **Application deadline: year around. Email completed application to: info@ipalpiti.org**

Inquiry: Phone 1.310.205.0511 E-mail: info@ipalpiti.org Internet: www.iPalpiti.org

Please note: Due to the international communication with the advisory board selection process takes 8 -10 weeks from the date of receipt of application. Applications reviewed and evaluated from September – May. All applications will be screened. Submission of an application does not guarantee an audition.