

Musica Sacra - High School Choral Apprentice Program  
STUDENT APPLICATION & COMMITMENT FORM

**Student Participant Name \***

This is the name that will be listed in the concert program.

**Cell Phone \***

Area Code

Phone Number

**Mailing Address \***

Street Address

**Other Phone**

Area Code

Phone Number

City

State / Province

**Email \***

Postal / Zip Code

example@example.com

**School Name \***

**Grade Level \***

**Voice Part \***

Enter "N/A" if you do not attend a traditional high school program,  
or are being taught at home.

**Briefly tell us about your previous singing experience, including any voice lessons/training. \***

**Please tell us why you are interested in participating in this program. \***

**APPLICATION CONTINUES ON THE NEXT PAGE.** Please PRINT and mail completed applications to: Musica Sacra,  
PO Box 43122, Cincinnati, OH 45243, or SAVE the filled PDF and email to: [info@musica-sacra.org](mailto:info@musica-sacra.org).

## STUDENT REFERENCE

In the spaces below, enter the contact information for the HS Music Teacher, Other Choir Director, Voice Coach/Teacher or other non-family adult who will submit the required recommendation letter.

**Reference First & Last Name \***

**Reference Relationship to You \***

**Reference Email \***

**Reference Phone Number \***

### STUDENT STATEMENTS OF COMMITMENT

- I commit to attending all scheduled rehearsals on time, and to arriving promptly at the stated call times for both the Dress Rehearsal/Sound Check and the Concert.
- I commit to utilizing the practice aids and any home study materials provided to me, and commit to doing my part to learn and practice the music between rehearsals.
- I commit to maintaining standards of self-control, respectfulness and decorum that is to be expected when rehearsing and performing in a house of worship.
- I commit to giving the director my full attention, to refrain from engaging in distracting behaviors, including cell phone use, while others are working.

**Retype Student First & Last Name \***

**Student Signature & Date \***

### PARENT/GUARDIAN ACKNOWLEDGEMENT & CONSENT

Participants under the age of 18 must have Parent/Guardian consent to participate in this program. By signing below, the Parent/Guardian acknowledges that they have read and understand the HSCA Program Details packet **located on our website**, and consent to allow the above-named student to participate in this program.

**Parent / Guardian First & Last Name**

**Parent / Guardian Signature & Date**

**Parent / Guardian Email**

**Parent / Guardian Phone**