

2018 UCA Honors Wind Ensemble Clinic Application

Robert Sheldon – Conductor

(Directors – you may recommend multiple students; copy as many applications as needed)

PERSONAL INFORMATION (please type or print clearly)

Student Name _____ Grade in School _____

Home Address _____
Street/PO Box/Apt. _____ City/State _____ Zip _____

Instrument _____ High School _____

Email _____ Phone _____

INDIVIDUAL BAND ACHIEVEMENTS (Spring 2018) (check or fill out as necessary)

All-State Band _____
_____ 1st Band, Chair _____
_____ 2nd Band, Chair _____
_____ 3rd Band, Chair _____
_____ 1st Jazz Band, Chair _____
_____ 2nd Jazz Band, Chair _____
_____ Alternate _____

All-Region Band _____
_____ 1st Band, Chair _____
_____ 2nd Band, Chair _____

All-Region Jazz Band _____
_____ 1st Band, Chair _____
_____ 2nd Band, Chair _____

State Solo & Ensemble _____
_____ Solo, Rating _____
_____ Ensemble, Rating _____
_____ Other, Rating _____

Region Solo & Ensemble _____
_____ Solo, Rating _____
_____ Ensemble, Rating _____
_____ Other, Rating _____

DIRECTOR RECOMMENDATION

The director's signature below indicates a positive recommendation and verification of the student applicant's musical talent, good citizenship, attitude, and ability to represent their family, band program, and school as a clinic participant. No additional letter is necessary, but can be included if desired.

Return the application form by **October 26, 2018**, to:

UCA Honors Wind Ensemble Clinic
c/o Ricky Brooks
UCA Music Department
201 Donaghey Avenue
Conway AR 72035

SELECTION

Selection to the clinic is based on above achievements and director's recommendation. If you are selected to participate in the clinic, there will be a \$50.00 participation fee.

Student Signature _____ Date _____

Director Signature _____