

**YOUNG & EMERGING ARTISTS  
2017 INTERNATIONAL ARTIST MASTERCLASS PROGRAM**



ARTIST	INSTRUMENT	DATE
KARIN SCHAUPP	GUITAR	WEDNESDAY, 4 OCTOBER 2017

APPLICANT DETAILS:	
First Name:	Surname:
Date of Birth:	Contact Number:
Address:	
Suburb:	Post Code:
Email:	
Parent / Guardian Contact Number (if under 18):	
Parent / Guardian Email (if under 18):	
School / Tertiary Institution:	Course:
Instrument:	Years of Study:
Instrumental Teacher:	Teacher Contact Number:
Teacher Email:	

**Are you currently, or have you been previously, a participant of the following programs?**

WASO International Artist Masterclass	WASO Orchestral Training Program
WA Youth Orchestra	WAYO Philharmonic Orchestra
Australian Youth Orchestra (AYO)	AYO National Music Camp
Other WAYO Programs	Other AYO Programs

I confirm that I have read and understand the requirements of 2017 International Artist Masterclass Program, in particular in relation to deadlines, selection process, engagement of accompanist and dates/times of events.

<b>Signed:</b>	<b>Date:</b>
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**Where the applicant is under 18:**

<p>I confirm that I support the application and prospective participation of _____ (<i>insert applicant full name</i>) in the 2017 WASO International Artist Masterclass Program. I have read and understand the requirements of the program, in particular in relation to deadlines, selection process, engagement of accompanist and dates/times of events.</p>
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<b>Signed:</b>	<b>Date:</b>
<b>Name:</b>	<b>Relationship:</b>

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**PROPOSED MASTERCLASS PROGRAM**

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Participants may elect to do a number of works (maximum of 2), or a single work. A maximum of 30 minutes (including discussion and workshop/rehearsal) will be allocated to each performer.

Please note, proposed programs will be confirmed on offer of position into masterclasses.

PROPOSED MASTERCLASS PROGRAM	
Title of Work (1):	
Composer:	
Duration:	AMEB Grade (or equivalent):
Title of Work (2):	
Composer:	
Duration:	AMEB Grade (or equivalent):

ACCOMPANIST DETAILS
Name of Accompanist:
Contact Number:
Email:

**BIOGRAPHY:**

Please attach to this application a photograph and brief biography (maximum 150 words), outlining current and/or previous study, performance (solo and ensemble) experience, details of awards received, professional and musical goals.

Please note, this may be edited to meet publishing requirements if selected, however this will be advised where appropriate.

**APPLICATIONS CLOSE: 4PM, FRIDAY 25 AUGUST 2017**  
**APPLICANT ADVICE: WEEK COMMENCING MONDAY 4 SEPTEMBER 2017**

**PLEASE RETURN APPLICATION TO:**

Fiona Taylor-Hokin  
Education Coordinator  
Email: [taylorf@waso.com.au](mailto:taylorf@waso.com.au)  
Mail: PO Box 3041 East Perth WA 6892  
In Person: Level 3, 445 Hay Street East Perth WA 6004