

The Licia Albanese-Puccini Foundation

8 East 69th Street
New York, N.Y. 10021
(212) 472 3556
www.liciaalbanesepuccinifnd.org

International Vocal Competition Application

Please read carefully! All applicable blanks must be completed.

Full Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone (Day) _____ (Evening) _____ (Cell) _____

E-mail Address _____ Fax Number _____

Date of Birth _____ (Competition open to applicants from 21-35 years of age.)

A copy of passport or drivers license or birth certificate must be submitted with application.)

Voice classification _____ How long have you studied? _____

Education: College _____ Degree/Date _____

Present Voice Teacher _____

Address _____ Telephone _____

Past Voice Teachers _____

Vocal Coaches _____

List any recent public appearances (operatic or otherwise), mentioning dates, places and type of engagement:

Upcoming operatic engagements. Please list: _____

Have you previously auditioned for the Licia Albanese-Puccini Foundation Vocal Competition?

Yes No What year? _____

Awards and/or Grants: _____

Union affiliation (if any): _____

If under management contract, list name and address: _____

Attach two (2) signed and sealed letters of recommendation by two qualified individuals regarding your ability. (Any omission will render this application ineligible.)

Please mail this application along with a resume, photo, and a list of four arias you have selected for your audition (no changes in arias will be allowed) to The Licia Albanese – Puccini Foundation, 8 East 69th Street, New York, NY 10021.

Eligible participants will be advised of the date and time for the audition.

Submission of the application does not guarantee an audition or grant.

Applicant's Signature _____ Date _____