



**YOUNG SOLOISTS AWARD**  
**Ensemble (2 to 8 performers)**  
**2006 Application Form**

**Ensemble Information**

Name of Ensemble: \_\_\_\_\_

Type of Ensemble: \_\_\_\_\_

Number of members \_\_\_\_\_

Primary Contact for Ensemble: \_\_\_\_\_

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number: \_\_\_\_\_

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home phone Cell phone

Email Address: \_\_\_\_\_

Instrument: \_\_\_\_\_

Voice \_\_\_\_\_

Names of other ensemble members:

(1) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

(2) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

(3) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

(4) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

(5) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

(6) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

(7) \_\_\_\_\_

Full name \_\_\_\_\_ Signature \_\_\_\_\_ Disability (for eligibility only) \_\_\_\_\_

**Biographical Description**

On a separate sheet of paper, provide a one-page narrative including biographical information on each member of the ensemble and the reasons why you feel your ensemble should be selected as the recipient of the 2006 VSA *arts* Young Soloists Award. This information should focus on the ensemble's musical training and experience and not on the disability of the member(s) of the ensemble.

***(continued on reverse)***

