University of Wisconsin-Madison
Piano Pioneers Program
Student Application Form for 2009-2010

General Information: Today's date:

Student Name: _____ Date of Birth: _____

Parent/Guardian Name (if student is under 18)
_____

Address: _____
City: _____ State: _____ Zip:_____

Home Phone: _____
Alternate phone/cell: _____
E-mail: _____

Family's annual household income: _____

Does the applicant have access to an instrument for daily practice? If so, what type/model?
_____

Are you familiar with the Piano Pioneers program guidelines and policies (online at www.music.wisc.edu/outreach/piano-pioneers)? Yes No

Applicant History:

Is the applicant a beginner piano student? Yes No
If no, please indicate years of instruction: _____

Does the applicant have any learning disabilities: Yes No
If yes, please specify: _____

Has the applicant experienced traumatic events in the past that the teacher should be aware of? Yes No

Is the applicant currently undergoing major changes in his/her life that may inhibit continuation of piano lessons for a full year? Yes No

Send completed application to:
Attn: Paola Savvidou
1454 Humanities Bldg.
455 N. Park Street,
Madison, WI 53706