

THE GERDA LISSNER FOUNDATION
APPLICATION 2008-2009

NAME _____

CURRENT ADDRESS: _____

CITY, STATE, COUNTRY, ZIP: _____

TELEPHONE: DAY _____ EVE: _____

CELL: _____ FAX: _____

EMAIL ADDRESS: _____

DATE & PLACE OF BIRTH: _____ CITIZENSHIP: _____

VOICE CLASSIFICATION: _____ HOW LONG HAVE YOU STUDIED? _____

HAVE YOU PREVIOUSLY AUDITIONED FOR THE GERDA LISSNER FOUNDATION? YES _____ NO _____

LIST
YEARS: _____

VOCAL STUDY (SCHOOLS, TEACHERS AND COACHES) WITH DATES: _____

MANAGEMENT: _____

AWARDS AND/OR
GRANTS: _____

UPCOMING OPERATIC ENGAGEMENTS, PLEASE LIST: _____

Please mail this application along with a CD, DVD or VHS, a resume, photo, a valid ID, passport, drivers license, or birth certificate, and a list of four arias you have selected for your audition (no changes in arias will be allowed) to THE GERDA LISSNER FOUNDATION, 135 East 55th Street #8th Floor, New York NY 10022. Attach two (2) signed and sealed letters of recommendation by two qualified individuals regarding your ability. (Any omission will render this application ineligible.)

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: _____

*TO BE CONSIDERED FOR THE 2009 GERDA PRIZE COMPETITION, ALL ABOVE FIELDS **MUST BE FILLED IN, TYPED OR IN PRINT.***
*APPLICATIONS AND SUPPORTING MATERIALS MUST BE POSTMARKED BY **OCTOBER 1, 2008***