



**Autumn 2025**

**San Francisco Academy Orchestra Artist Diploma Program Application**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Social Security/ Federal ID No. \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Please list your desired instructors in order of preference:

\_\_\_\_\_

Check the instrument program you are applying for  Violin  Viola  Cello  Bass

**Where have you received previous degrees and who were your primary instructors?**

Undergraduate Degree \_\_\_\_\_ Instructor \_\_\_\_\_

Graduate Degree \_\_\_\_\_ Instructor \_\_\_\_\_

**FOR PROGRAM CONSIDERATION**

**Please list and submit Two Contrasting Orchestral Excerpts and a Concerto Exposition**

(If you are submitting an online video URL such as YouTube please print them neatly below)

Excerpt #1 \_\_\_\_\_

Excerpt #2 \_\_\_\_\_

Solo Piece \_\_\_\_\_

Please email this program application, financial aid application, your resume, video materials and the \$100 application fee to: **[sfacademyorchestra@gmail.com](mailto:sfacademyorchestra@gmail.com)**

I would like to pay the nonrefundable \$100 application fee by  Visa  Master Card  On the Website

Name on Card \_\_\_\_\_ Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ Security Code (last 3 digits on the back of the signature panel) \_\_\_\_\_

Billing Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Billing Email \_\_\_\_\_

Billing Phone \_\_\_\_\_ Card Holder Signature \_\_\_\_\_