

# The Minnesota OPERA

## 2008–2009 RESIDENT ARTIST PROGRAM ADMINISTRATOR APPLICATION FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_

STATE \_\_\_\_\_

ZIP \_\_\_\_\_

DAY PHONE \_\_\_\_\_

EVENING PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

U.S. CITIZEN? \_\_\_\_ If you are not a U.S. citizen, what valid work authorization can you provide to prove your ability to work legally in this country? \_\_\_\_\_

Have you ever auditioned for this program before? \_\_\_\_ If so, year and location? \_\_\_\_\_

- A statement describing your interest outlining your reasons for choosing to be an administrator, how your experience and background qualifies you for this career and what you hope to achieve while a member of The Minnesota Opera Resident Artist Program.
- Current photo and résumé
- Two letters of recommendation

Application must be received by November 5.

Please remember to keep a copy of this application for your records.

*application continued on next page*

Please complete information below for two recognized opera professionals (teachers, coaches, etc.) as references. (Letters of recommendation are not necessary.)

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

\_\_\_\_\_  
ASSOCIATION TO APPLICANT

\_\_\_\_\_  
ASSOCIATION TO APPLICANT

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
CITY STATE ZIP

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
PHONE

\_\_\_\_\_  
PHONE

Where did you learn about this program? \_\_\_\_\_

Application must include:

- Completed application form
- Résumé
- Current photograph
- Statement of Interest
- Two professional references with phone numbers and addresses
- Self-addressed, stamped business-size envelope
- Application fee

Please indicate your payment method:

- My check for \$35 is enclosed, payable to The Minnesota Opera
- Please charge \$35 to my  VISA/MC  AMEX  DISCOVER/NOVUS

Account number \_\_\_\_\_ Exp. date \_\_\_\_\_

Signature \_\_\_\_\_

Please remember to keep a copy of this application for your records.

Incomplete audition packets will not be accepted.

Please send this completed application form and the items on the checklist above to:

THE MINNESOTA OPERA  
ATTN: RESIDENT ARTIST PROGRAM  
620 NORTH FIRST STREET  
MINNEAPOLIS, MN 55401