Minnesota OPERA

2014–2015 RESIDENT ARTIST PROGRAM

ASSISTANT DIRECTOR 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?_____

REQUIREMENTS

PLEASE SEND:

- ❑ A statement describing your interest outlining your reasons for choosing to be a stage director, 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
- ❑ Video sample of your work (video samples will ***not*** be returned)
- ❑ Two letters of recommendation

Applicant will be notified if accepted to interview and date and place of interview will be scheduled at that time.

Application must be received by November 11.

Audition/interviews will occur in Minneapolis in December.

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

application continued on next page

Please complete contact information below for two recognized opera professionals (teachers, coaches, etc.) who will provide letters of reference. These may be different than letters of recommendation.

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
- ❑ Statement of Interest
- ❑ Work sample
- ❑ Résumé
- ❑ Current photograph
- ❑ Two professional references with phone numbers and addresses
- ❑ Two self-addressed, stamped business-size envelopes
- ❑ Application fee

Please indicate your payment method:

- ❑ My check for $40 is enclosed, payable to Minnesota Opera
- ❑ Please charge $40 to my ❑ VISA/MC ❑ AMEX ❑ DISCOVER/NOVUS

Account number _____ Exp. date _____ CVC2 Number _____

(three or four digit number on back of card)

Signature _____

Please remember to keep a copy of this application for your records.
Incomplete and late audition packets will not be accepted.
Please send this completed application form and the items on the checklist above to:

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