Minnesota OPERA

## 2013–2014 RESIDENT ARTIST PROGRAM

# ARTISTIC 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? _____

- ❑ 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 12.**

**Interviews will occur in Minneapolis.**

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.

| | |
|---|---|
| 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
- ❑ Two letters of recommendation
- ❑ Two self-addressed, stamped business-size envelopes
- ❑ Application fee

Please indicate your payment method:

- ❑ My check for $35 is enclosed, payable to 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 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