



2017–2018 RESIDENT ARTIST PROGRAM  
PIANIST/COACH APPLICATION FORM

NAME

ADDRESS

CITY

STATE

ZIP

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? \_\_\_\_\_

Auditions in Minneapolis only. Please indicate date preference for audition:

MINNEAPOLIS, MN

or MINNEAPOLIS, MN

☐ November 7, 8, 9, 10, 11, & 12, 2016

☐ December 12, 13, 14, & 15, 2016

*application must be received by Oct. 24<sup>th</sup>*

*application must be received by Nov. 21<sup>st</sup>*

**AUDITION REQUIREMENTS (Music will be sent upon receipt of application)**

**PLAY AND SING**

– *Le nozze di Figaro* (Mozart): Act II Finale

– *Roberto Devereux* (Donizetti): Act III – “Vivi ingrato”: Scene and Aria Finale to Moderato

**PLAY**

– *Eugene Onegin* (Tchaikovsky): Act III – Polonaise, Scene One

– *Cold Mountain* (Higdon): Act II – Prelude; Scene Two Interlude

**SIGHTREADING:**

Applicants may be asked to sightread, conduct and coach.

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
- ☐ Two professional references with phone numbers and addresses (letters are not necessary)
- ☐ 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 \_\_\_\_\_ CVC2 Number \_\_\_\_\_  
(three or four digit number on back of card)

Signature \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

- 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