
**Music & Mind Application**

Name ___________________________ (nickname) _________________________________________________

Address _____________________________________________________________________________________

City/State ___________________________ Zip ___________ Phone __________________________________

Date of Birth _____________________________________________

Name of parents(s) __________________________________________________________________________

Address _____________________________________________________________________________________

City/State ___________________________ Zip ___________ Phone __________________________________

Describe the applicant’s previous music/arts lessons or classes, if any. Where? How long? (begin with most current):

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Describe general musical abilities (i.e., perfect pitch, rhythmic sense, musical memory, dance):

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

What does the applicant hope to achieve in music? ________________________________________________

Will applicant bring an instrument? ___________ What type? _______________________________________

Tell us about the applicant’s prior camp or extra-curricular experiences away from home. When, where, for how long?

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Describe the applicant’s math skills: ________________________________________________________________

__________________________________________________________

Describe the applicant’s reading skills: ________________________________________________________________

__________________________________________________________

Describe secondary and postsecondary educational experiences: ____________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

On a separate sheet, please give us a brief description of applicant’s self-care skills, personality traits, habits, interests, and any other information that you think is important for us to know. _______________________________________

Comments and/or questions? ____________________________________________________________________________

__________________________________________________________

We believe the applicant is behaviorally ready to participate in a supervised university learning experience.*

__________________________________________________________

Signature of applicant  Date

__________________________________________________________

Signature of parent (if applicant is under 21)  Date

*Note: The University reserves the right to ask any individual to withdraw who does not meet this description.

**DEADLINE: Application and deposit must be received by May 1, 1998**

**Enclose a check for $100.00 made payable to:**

**UNIVERSITY OF CONNECTICUT**

*Please note that parents and/or guardians will receive a number of questionnaires to complete about the applicant prior to their arrival. This is a research-based program which will involve the collection of information such as previous assessments of ability & achievement, and other information about interest, learning styles, abilities, and special talents. Members of the research group at the University of Connecticut will be contacting you and conducting brief interviews over the phone to ensure that instruction can be delivered in an appropriate, useful, and exciting manner.*

**MAIL TO:**

**Music & Minds**

**University of Connecticut**

**The National Research Center on the Gifted and Talented**

**Neag Center for Gifted Education & Talent Development**

**362 Fairfield Road, U-7**

**Storrs, Connecticut 06269-2007**

**THANK YOU FOR YOUR APPLICATION!**

University of Connecticut
The National Research Center on the Gifted and Talented
Neag Center for Gifted Education and Talent Development
362 Fairfield Road, U-7
Storrs, Connecticut 06269-2007
(860) 486-4826 or email rms97001@uconnvm.uconn.edu