**Beautiful Mind Music Academy**

**Call for Application for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Training**

■ Application Period:

■ Initial Document Screening Results Notification:

■ Interview (Audition):

■ Final Admission Notification:

**Qualification and Selection Criteria**

1. Students with disability between the ages of 8 and 19.

(Priority will be given to Singaporeans and PRs.)

1. Students with experience in instrument of major preferred
2. Initial document screening (application form, letter of recommendation), followed by audition and interview of guardian for the selected students.

**Required Documents for Submission**

1. Application form

2. Self-Introduction letter

**\*Must include:** year of birth, personality, behavioral characteristics, level of understanding of instruction,

level of musical talent, prior activities related to music, etc.

1. Letter of recommendation
2. Submission via Email to: admin@bmcsg.org or

Mail to: 20 Maxwell Road, #09-17 Maxwell House, Singapore 069113

**Beautiful Mind Music Academy**

**Application Form**

|  |
| --- |
| **1. Personal Information**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Date of Birth |  |
| Address |  |  |  |
| NRIC |  | Gender | Male / Female |
| Contact |  | Email |  |
| Music Training applied for |  | Vocal Training Experience | Yes / No |
| Other Particulars(eg medical condition) |  | School |  |
| Religion (optional) |  | Instrument Experience | Yes / No |
| Date of application |  | Signature |  |

**2. Parents’ Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Relationship to student |  |
| Address*(If different from above)* |  | Occupation  |  |
| Contact *(If different from above)* |  | Email *(If different from above)* |  |

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**Self-Introduction Letter**

**\*Must include:** year of birth, personality, behavioral characteristics, level of understanding of instruction, level of musical talent, prior activities related to music, etc.

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**Letter of Recommendation**

|  |
| --- |
| **Beautiful Mind Music Academy Applicant** |
| Name  |  | NRIC |  |
| Address  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Recommender Name  |  | Signature |  |
| Affiliation / Organization  |  | Dept / Title |  |
| Address |  |
| Contact  | Phone: / Email: |
| Relationship to Applicant  |  |

**Letter of Recommendation**

**Letter of Recommendation (continued)**