THE PIANO INSTITUTE

Inspiring young musicians.
Empowering our community.

APPLICATION FORM

Send completed application to:

Dr. Dino Mulić
Piano Institute Director
dino.mulic@tamucc.edu

General Information

Date of Application:

Student Name: Age:

School: Grade:

Home Address:

City: State: Zip:

Phone Number: Email:

Family Annual Household Income: $

Does the Applicant have access to an instrument for daily practice? ○ Yes ○ No

If yes, indicate type/model:

Parent/Guardian Name:

Applicant History

Is the applicant a beginning piano student? ○ Yes ○ No

If no, indicate years of instruction:

Does the applicant have any learning disabilities? ○ Yes ○ No

If yes, please specify:

Has the applicant experienced traumatic events in the past that the teacher should be aware of? ○ Yes ○ No

If yes, please specify:

Is the applicant currently undergoing major changes in their life that may inhibit continuation of piano lessons for a period of eight months? ○ Yes ○ No

If yes, please specify:

I have read, understand, and agree to the Piano Institute program guidelines and policies.

Applicant Signature Date

Parent/Guardian Signature Date

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