

The AGBU Musical Armenia Program (MAP)

Learn about an ancient musical tradition during an unforgettable summer in Yerevan

Program Description

While living in Yerevan, participants take master classes and go to specialized lectures, train and network with top musicians, perform at local venues, attend concerts and festivals, and establish professional connections.

Through organized activities and country-wide tours, MAP artists go beyond the classroom and concert halls, discovering the sights and sounds that inspire them.

Want to learn more? Our alumni can tell you what they loved most about MAP. Send us an email and we'll put you in touch: musicalarmenia@agbu.org.

MAP's one-on-one lessons with world-renowned artists focus on:

- Western classical and Armenian traditional instruments
- Composition
- Conducting
- Vocal training

MAP's workshops cover the history of Armenian music, including:

- Ancient notational system (*khaz*)
- Armenian composers of the Ottoman Empire
- Classical
- Contemporary
- Dance
- Medieval
- Minstrel (*ashugh*)
- Soviet
- Spiritual
- Jazz

Dates and Deadlines

Program Dates: July 9 – July 29, 2018

Nagorno-Karabakh Trip Dates: July 4 - 8, 2018

Application Deadline: May 14, 2018

Notification of Acceptance: May 21, 2018

Financial Aid Deadline: June 8, 2018

Program Packages and Pricing

MAP applicants may choose from one of three customized packages.

The application fee for each package is \$50.

Financial aid is available only for applicants to the Full Immersion with Housing Package.

Please note that the fees do not include airfare. Applicants are responsible for securing their own transportation.

***Full Immersion with Housing* → \$1,500**

- Open to applicants ages 18+
- Includes housing in an AGBU residence in Yerevan
- Includes all MAP courses, lectures and activities, as well as local transportation, and select meals

***Full Immersion without Housing* → \$1,000**

- Open to applicants ages 15 and up
- Includes all MAP courses, lectures and activities
- Participants are responsible for securing their own housing

***MAP Lecture Series* → \$300**

- Enroll in a series of 14 lectures on the history of Armenian music
- Select MAP activities and tours are available for an additional cost
- Open to applicants ages 15 and over
- Does **NOT** include all MAP activities.
- Lecture Series participants are responsible for securing their own housing.

An optional four-day trip (July 4 – 8) to Nagorno-Karabakh is available to all participants for an additional, all-inclusive \$200. Please note that participants under the age of 18 will need to be accompanied by a legal guardian for this trip (for an additional \$200).

Program Eligibility

- All applicants applying to *Full Immersion* must have training as instrumentalists or vocalists, or in composition and conducting (no musical training is required to participate in the *MAP Lecture Series*).
- Program is open to professional and amateur musicians.
- Ages 15 and up.
- MAP is open to applicants of all nationalities and heritages.
- Applicants under the age of 18 must be accompanied by and reside with a legal guardian throughout the duration of the program

Email your application to:

musicalarmenia@agbu.org

Please include the following materials in your email:

- 1) ____ Completed application form
- 2) ____ 1 photocopy of passport (which includes personal information)
- 3) ____ Current resume/CV
- 4) ____ Personal essay
- 5) ____ \$50 application fee (please make checks payable to AGBU)
- 6) ____ Note requesting financial aid (if applicable)
- 7) ____ A copy of your most current recording/performance in CD or DVD format or reference to location online (personal website, YouTube, Vimeo, etc.)

The following materials may be sent separately, but must be received by May 14, 2018:

- 1) ____ Current official transcript (electronic version ***is preferred***)
This document must be in English or translated into English
Foreign language transcripts should be submitted in the original language, accompanied by an English translation
- 2) ____ One (1) signed letter of recommendation

All checks should be mailed to:

AGBU Musical Armenia
55 East 59th Street
New York, NY 10022

For a wire transfer or credit card payment, please email musicalarmenia@agbu.org for further instruction.

Incomplete applications or those received after May 14, 2018 will not be considered.

Questions? You can reach us at: +1(212) 319-6383 or musicalarmenia@agbu.org.

Application

MAP Summer 2018

Please type or print clearly

Please indicate which program package you are applying to:

Full Immersion with Housing

Full Immersion without Housing

Lecture Series

Discipline:

Composer

Conductor

Vocal

Instrumental

Please specify instrument or vocal classification: _____

Genre:

Classical

Jazz

Folk

Other

Please Specify: _____

PERSONAL DATA

Last Name First Name Middle Initial

Date of Birth (MM/DD/YY) Place of Birth Citizenship

Age in July 2018 Gender: Male Female

CURRENT ADDRESS

Street Apartment #

City State/Province Zip/Postal Code Country

Current Home Phone (include area/country code) Mobile Phone (include area/country code)

Email (no *.ru address) Permanent Home Phone (include area/country code)

Please ensure your email address is correct. All communication will be sent via email.

PARENTAL/GUARDIAN INFORMATION OR PERMANENT ADDRESS

Last Name Father's Name Mother's Name Mother's Maiden Name

Street Apartment #

City State/Province Zip/Postal Code Country

Email (no *.ru address) Permanent Home Phone (include area/country code)

EDUCATIONAL BACKGROUND

During the 2018-2019 academic year, you will be enrolled at:

Name of College/University or Conservatory/Music School

City

State/Province

Country

Degree Pursued

Major/Field of Study

Cumulative Grade Point Average

Expected Year of Graduation

(Be sure to include your most recent official transcript).

Please list all music instruction you have previously received in chronological order (most recent to oldest).

Institution/Instructor

Dates Attended//Year of Graduation (if applicable)

Type of Musical Training:

Music School/University

Private Lessons

Other _____

Music Specialization (e.g. piano, violin, voice, etc.) (Select one)

Institution/Instructor

Dates Attended Year of Graduation (if applicable)

Type of Musical Training:

Music School/University

Private Lessons

Other _____

Music Specialization (e.g. piano, violin, voice, etc.) (select one)

Institution/Instructor

Dates Attended Year of Graduation (if applicable)

Type of Musical Training:

Music School/University

Private Lessons

Other _____

Music Specialization (e.g. piano, violin, voice, etc.) (select one)

Please include a copy of your most current recording/performance in CD or DVD format or list a reference to the location online (URL to website, YouTube, etc.): _____

Will you be able to receive college credit from your university for your participation in the program?

Yes No

MUSIC EXPERIENCE

Select your vocal classification (if applicable):

Soprano Mezzo-soprano Contralto Tenor Baritone Bass

Indicate your primary (1st) and secondary (2nd) instruments (if applicable). Select the category, and then specify the type of instrument and number of years played:

Primary	Keyboard	String	Type

	Percussion	Wind	No. of Years

Secondary	Keyboard	String	Type

	Percussion	Wind	No. of Years

Select the musical ensembles in which you have participated:

Choir/Chorus Madrigal Choir Orchestra Chamber Orchestra
String Ensemble Wind Ensemble Jazz Ensemble Rock/Pop Band

List your last three (3) local, national or international musical engagements (i.e. orchestra, ensemble, concert, festival, competition, etc.).

Engagement	Location	Position/Role	Date
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Engagement	Location	Position/Role	Date
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Engagement	Location	Position/Role	Date
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List the last three (3) pieces of music performed either as your musical curriculum or as a hobby.

Title of Piece	Composer	Curriculum Hobby
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Title of Piece	Composer	Curriculum Hobby
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Title of Piece	Composer	Curriculum Hobby
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ADDITIONAL BACKGROUND INFORMATION

Please answer the following questions completely.

(This information will remain confidential)

Have you ever been convicted of a criminal offense? Yes No

Do you have a record of any nature that may prohibit clearance to receive a foreign visa? Yes No

Please explain:

Have you ever been to Armenia? Yes No

If yes, please indicate when and the reason for the visit:

Do you have relatives in Armenia? Yes No

Name of relative _____

Relation: _____

Phone: _____ Email: _____

Check the appropriate level of your knowledge of the Armenian language

	None	Basic	Good	Fluent
Speaking				
Reading				
Writing				

- Eastern Armenian
- Western Armenian

Check the appropriate level of your knowledge of the English language.

	None	Basic	Good	Fluent
Speaking				
Reading				
Writing				

EMERGENCY CONTACT INFORMATION

Please provide the following information for two (2) emergency contacts:

1. _____

Last Name _____ First Name _____

Street _____ Apartment # _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Email (no *.ru address) _____ Permanent Home Phone (include area/country code) _____

2. _____

Last Name _____ First Name _____

Street _____ Apartment # _____

City _____ State/Province _____ Zip/Postal Code _____ Country _____

Email (no *.ru address) _____ Permanent Home Phone (include area/country code) _____

PERSONAL ESSAY

Write a personal statement explaining your interest in the *AGBU Musical Armenia Program*. Describe your musical interests and the artistry skills you will bring to the program. Specify, in detail, your motivation for choosing to seek musical education in Armenia and what you hope to gain from the experience.

(Please limit your response to one (1) page, typed and double-spaced. Be sure to include a printed copy with your application).

HOW DID YOU HEAR ABOUT THE PROGRAM?

(Check all that apply).

AGBU Chapter AGBU Website/Email Armenian Newspapers Family/Friends

Social Media

Other (please specify):

APPLICANT SIGNATURE

The information given above is complete and accurate to the best of my knowledge. I am aware that any misrepresentation will result in the disqualification of my application.

Print Name:

Signature:

Date:

RECOMMENDATION FORM

The section below is to be completed by the applicant

Please choose one (1) individual from whom you wish to obtain a recommendation and provide them with a copy of this form. The letter must be written by a professional who is familiar with your artistic abilities/musical talents, and preferably has had a first-hand opportunity to evaluate your musical experience. Avoid recommendations from personal acquaintances (i.e. family friends, parish priests, etc.), unless they have a relation to your musical experience.

Last Name: _____ First Name: _____ Middle Name: _____ Date of Birth: _____

Applicant's Signature: _____ Date: _____

The section below is to be completed by the reference

Thank you for taking the time to write on behalf of this applicant who is applying to the *AGBU Musical Armenia Program*. Please answer the questions below.

How long have you known the applicant? _____ In what capacity? _____

Please rate the candidate on the following criteria:

	OUTSTANDING TOP 10%	VERY GOOD TOP 20%	ABOVE AVERAGE TOP 25%	BELOW AVERAGE BOTTOM 50%	UNOBSERVED
Intellectual Curiosity					
Seriousness of Purpose					
Motivation					
Leadership					
Academic Achievement					
Cultural Adaptability					

In addition, on a separate sheet of paper (professional letterhead), please describe why you endorse the student as a nominee for the *AGBU Musical Armenia Program*. Be sure to address what you know about the student's artistic abilities/musical talents.

Please e-mail this completed form along with a signed letter of recommendation to musicalarmenia@agbu.org, or mail to *AGBU Musical Armenia Program*, 55 East 59th Street, New York, NY 10022 - OR - you may return them to the applicant in a sealed and signed envelope to be mailed before May 14, 2018.

Recommender's Last Name

First Name

Organization/Institution

Title

Daytime Phone

Email

Recommender's Signature

Date

Medical Information Forms

General and Emergency Contact Information

Participant's Name:

Male Female

Height _____

Weight _____

Physician's Contact Information:

Name

Address

City _____ State _____ Zip _____

Phone _____ Fax _____

Person to notify in case of an emergency:

Name

Relationship

Home Phone _____ Bus. Phone _____ Cell _____

Email _____

Address:

City _____ State _____ Zip _____

Medical Insurance Information

Include a photocopy of both sides of your insurance card.*

Insurance Company _____ Policy Number _____

Subscriber _____

Signature _____ Date _____

*All participants are required to have travel insurance during their participation in *AGBU Musical Armenia Program*.

Medical History

If you answer "YES" to any of the following questions, you must complete and return the Physician's Report on Page 4.

Please use an additional sheet of paper if you need more space.

MEDICAL TREATMENT

Are you currently under medical treatment? YES NO

Do you have any ongoing or chronic medical condition (asthma, diabetes, etc.)? YES NO

Please identify the condition(s) and return the Physician's Report form on the last page:

Have you had any diseases, surgical operations or significant injuries that could have an effect on your participation in this program? YES NO

If yes, please explain and return the Physician's Report form on the last page:

MEDICATIONS

Are you currently taking any medications? YES NO

If yes, please list name, dosage, and the condition being treated with the medication:

Name of medication	Dosage	Condition being treated with the medication?
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Authorization Statement

I hereby authorize the *AGBU Musical Armenia Program* to release information from my medical history, including but not limited to medical records, to the relevant Program Director and to the cooperating or affiliated foreign institutions.

I understand that the *AGBU Musical Armenia Program* will not request any information from my medical records unless a situation arises while I am abroad that requires information pertinent to my safety or health. I further understand that any information obtained from my medical records that is held by the *AGBU Musical Armenia Program* will be destroyed upon the completion of my participation in the program.

I understand that, if I have a medical condition that requires or has required treatment, I must discuss my plan to go abroad with my clinician prior to my departure.

I understand that in the event that I need emergency medical care, hospitalization or surgery while participating in the program, AGBU will attempt to contact the emergency contact(s) listed on this form. In the case that my emergency contact(s) cannot be reached and an immediate decision about care or treatment needs to be made, I authorize the *AGBU Musical Armenia Program*, through its representatives, to secure any necessary treatment. If coverage is not provided through my insurance program, I understand that such treatment shall be solely at my expense. I release, discharge, indemnify, covenant not to sue, and agree to hold harmless AGBU, its members, officers, agents and employees, from any liability which may result from authorizing any medical treatment and/or medication for me. I certify that all responses on this Medical Assessment and Release Form are true and accurate.

I certify that the information on this Medical Information Form is true and correct, and I will notify the *AGBU Musical Armenia Program* hereafter of any significant or relevant changes in my health that occur prior to or during the program.

Participant's signature _____

Printed Name _____ Date _____

Parent's/Legal Guardian's Signature _____

Printed Name _____ Date _____

Physician's Report

This form is required ONLY if directed by responses earlier in the questionnaire.

_____ (*print participant's name*) has identified a chronic and/or recurrent health issue. Please evaluate the physical and/or mental health of this participant, who intends to participate in a summer abroad program in Yerevan. The availability of medical services in the country and areas within which the student will be living and traveling should be considered.

Diagnosis:

Medications and dosage:

Stability of condition over the past five (5) years:

To your knowledge, are there any predisposing medical, physical, or emotional factors that, under stress of adjusting to life in another country, may require treatment while the student is abroad?

Recommendations for care of this individual (please use separate sheet, if necessary):

Physician's Signature _____ Date _____

Printed Name of Physician _____

Address: _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Participant Code of Conduct and Agreement Form

Please carefully review the following rules and regulations of the program. This agreement must be signed by the participant as well as his/her parent or legal guardian if under 18 years old.

- Participants must always follow the directions of the program director and staff.
- Participants must attend all the classes, lessons and activities pre-planned in the program.
- Participants must respect the environment by not littering.
- Participants must treat house equipment and property with care.
- Participants must stay with their group and the program staff at all times and may not leave the group unaccompanied without the consent of the program director.
- Under NO circumstances can participants host overnight guests or spend the night elsewhere, regardless of their relation. Participants who break this rule will be subject to dismissal from the Program.
- Alcohol, tobacco and drug use of any kind are strictly prohibited throughout the program. Participants who break this rule will be subject to immediate dismissal from the program.
- Participants should not make any summer plans that will conflict with their participation in AGBU Musical Armenia Program and must commit to the full duration of the program, except in the case of an unforeseen emergency, of which they must notify the AGBU Musical Armenia Program director immediately.
- Visits during the program are disruptive to the schedule and those not directly involved with the program will not be permitted to accompany participants on their trips or community service activities. Although we understand that parents, friends or relatives might want to join the participants in Armenia, we ask that all joint travel plans be made either prior to or following the Program in efforts to preserve the flow and integrity of the Program for the staff and the other participants.

I, (print name) _____, have read the AGBU Musical Armenia Program rules and regulations listed above and agree to abide by them throughout the duration of the program. I understand that these rules and guidelines are for the safety and the protection of the participants and staff of the program. I further understand that if I choose to violate the rules and regulations set forth by the AGBU Musical Armenia Program or engage in conduct that endangers the safety of my fellow participants, the program director will take appropriate steps to stop my actions or behavior. These steps may include a verbal warning, parent notification and/or dismissal from the program. In the event that I am dismissed from the program due to a breach of regulations on my part, I understand that no full or partial reimbursement of the Participation Fee will be granted to me by the AGBU Musical Armenia Program and that I will not hold AGBU responsible for any additional expenses (e.g. additional travel arrangements, etc.) that may occur as a result of my early dismissal from the Program. I hereby release AGBU, its agents and employees from all liability, damages, causes of action, and the like during my participation in the AGBU Musical Armenia Program.

Signature of participant _____ Date _____

I, (print name) _____, have reviewed these rules with my child/minor.

Signature of Parent or Legal Guardian _____ Date _____