

Application Georgia Institute of Technology NASA Gov. Orchestra/ Symphony

Please print the information requested on both sides and sign the bottom of the application.

Applicant information:

Full Name: (Last) _____ (First) _____ (Middle) _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: (_____) Mobile: (_____) E-mail: _____

Contact Type Desired: _____ You Prefer: Email Phone Parent Only Post Mail

Are you a citizen of the US? Yes No If not, are you legally allowed to work in the US? Yes No

Have you ever studied at UYAF programs or any affiliations? Yes No If yes, where and When _____

Program Name : _____ Institution Name: _____ Year(s): _____

Education History:

Early School: _____ Location: _____

GPA: _____ SAT Score (Verbal: _____ Math: _____)

SAT II Subjects/Score: _____

AP Classes/Score: _____

High School : _____ Country: _____ Degree: _____

Major: _____ GPA: _____ GRE: _____

University/ College : _____ Country: _____

Degree: _____ GPA: _____ Certificates: _____

What subjects do you feel interested in?(List them all) _____

What languages do you speak?(List them all) _____

References:

Please furnish the names, addresses and telephone numbers of two people to whom you are not related and by whom you have not been employed;

Name: _____ Phone:(_____)

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone:(_____)

Address: _____ City: _____ State: _____ Zip: _____

Family Information:

1. Name of the Parent(s) : _____ Email: _____

Address: _____ Phone: (_____)

Time to contact : _____ - _____ Days _____ which one prefer? phone email _____

Application Additional Information:

Student Last Name: _____ First Name: _____

Interests and Goals: _____

Awards or Recognitions : _____

Class / Program Information:

Class Name: _____ Instructor: _____

Schedule days: _____ Time: _____

Reason for Class/ Program : _____

How did you hear about us? Internet Friends _____ Ads _____

Tuition Information:

Application Fee _____ Deposit _____ Monthly _____ Total Hour _____ HR

Dates of Paid Program: Starts From: ____/____/____ To: ____/____/____ Note: _____

Hourly Class / Program: Hourly Rate _____ Total Hour _____ Total \$ _____

Monthly Class: Monthly Hour _____ Monthly Rate _____ Total Monthly \$ _____

Discount Code: refundable at Original Rate No refundable w Scholarship (\$) _____ (Monthly Only)

Office Use Only:

Payment Type Cash _____ Check _____ Other _____

If the Applicant have ever been informed by UYAF Admission Office for UYAF Leadership Programs, Scholarships, or formally employed teaching position, internships,

Please write about it. _____

- 1) The information I've provided on this application is accurate to the best of my knowledge and subject to verification by UYAF or any subsidiary or affiliate. I understand that any misrepresentation or omission of fact in my application or resume will be justification for refusal without notice by UYAF or any subsidiary or affiliate. I understand that should this application, UYAF reserves the right to terminate further processing of this application with written notification.
- 2) UYAF Complies with all state and federal anti-discrimination laws in our admissions process, and will make reasonable accommodations for applicants during the admissions process in accordance with the Americans with Disabilities Act.
- 3) Nonrefundable application fee of \$95.00 is enclosed with Passport Size Photo of applicant.

Signature of Applicant's Parents: _____ Date: ____/____/____

Signature of UYAF Director/ Supervisor: _____ Date: ____/____/____