

Location \_\_\_\_\_  
Date \_\_\_\_\_  
Time \_\_\_\_\_  
Approved \_\_\_\_\_



Application Form for:

## Alfredo Silipigni International Vocal Competition

New Jersey State Opera  
199 Scoles Ave  
Clifton, NJ 07092  
973-928-5650  
www.njstateopera.org

**Please read carefully, all blanks must be completed.**

Full Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (Day) \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number \_\_\_\_\_

Date of Birth \_\_\_\_\_ (Competition open to applicants from 21-35 years of age, a copy of passport, drivers' license, or birth certificate must be submitted with application)

Voice Classification \_\_\_\_\_ Years studied \_\_\_\_\_

Education: College \_\_\_\_\_ Degrees/Date \_\_\_\_\_

Present Voice Teacher \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Past Voice Teachers \_\_\_\_\_

Vocal Coaches \_\_\_\_\_

List any recent public appearances (operatic or otherwise), mentioning dates, places, and type of engagement:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Upcoming operatic engagements. Please list: \_\_\_\_\_

\_\_\_\_\_

Awards and/or grants: \_\_\_\_\_

\_\_\_\_\_

Union affiliation(if any): \_\_\_\_\_

If under management contract, list name and address: \_\_\_\_\_

\_\_\_\_\_

Attach two (2) signed and sealed letters of recommendation by two qualified individuals regarding your ability. Please include their contact information. Additionally, include a recent CD of 2 arias sung in different languages. (Any omission will render this application ineligible.)

Documents and CD will not be returned.

Please mail this application along with a resume, photo, copy of passport, birth cert. or drivers' licence, list of four arias you have selected for your audition (no changes in arias will be allowed) and a check for \$30.00 payable to the New Jersey State Opera

BARBARA BURKE  
Director  
Alfredo Silipigni Competition  
New Jersey State Opera  
199 Scoles Ave  
Clifton, NJ, 07012

Eligible participants will be advised of the date and time of auditions. Submission of the application does not guarantee an audition or grant. Judges decisions are final.

**I HAVE READ THIS APPLICATION AND INSTRUCTION SHEET CAREFULLY AND AGREE TO COMPLY WITH THE REGULATIONS CONTAINED THEREIN. IF I AM SELECTED, I AGREE TO PARTICIPATE IN THE ENTIRE NEW JERSEY STATE OPERA AUDITIONS PROGRAM. IF SELECTED AS A WINNER, I AGREE TO PARTICIPATE IN A CONCERT FOR THE SCHOLARSHIP SPONSORS.**

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_

**YOUR APPLICATION MUST BE RECEIVED BY MARCH 10, 2012  
TO BE INCLUDED IN THE COMPETITION.**