



“Home of the Piano Hospital”

2510 E. Evergreen Blvd. Vancouver, WA 98661-4323
P 360.693.1511 F: 360.693-6891 Toll Free: 1-888-693-1511
info@pianotuningschool.org www.pianotuningschool.org

APPLICATION FOR ADMISSION

(Please print or type)

Last Name First MI Gender

Address City

State Zip Cell Phone Home Phone

Date of Birth Social Security Number E-mail Address

Emergency Contact _____

Phone _____ Relationship _____

Are you a US citizen? _____ If no, what is your status? _____

What is your family status? _____ (married, single, dependents)

What is your highest level of education? _____

High School _____ Graduate/GED? _____ Year _____

College _____ Major _____ Degree _____ Year _____

Musical Background/interests _____

Any previous tuning instruction? _____ When & Where? _____

Any shop training? _____ What Kinds? _____

Describe your work experience: _____

Our students are expected to live independently. They are responsible for finding and furnishing their own living quarters, learning to travel safely to and from school, shopping, etc. Are you able to function independently? Yes or No (circle one) if no, please elaborate:

What is your degree of useful vision? _____

What is your eye condition? _____

Please address e-mail to:
Julial@pianotuningschool.org

Please answer Yes or Not to the following questions:

Are you in good physical condition? Yes No

Are you able to lift approximately 40 lbs? Yes No

Do you have enough stamina to stand for several hours? Yes No

Do you have carpal tunnel syndrome, tendonitis and other conditions of the arm, back, shoulder, legs and feet that could be aggravated by the repetitive motions of tuning and repairing pianos? Yes No

Do you have a physical or mental impairment which substantially limits one or more major life activities such as speaking, walking, learning, working, etc? Yes No if yes, please elaborate:

Is your tetanus shot current? Yes No

Is your hearing normal? Yes No if no, please elaborate:

Have you ever been convicted of a Misdemeanor? Yes No

Have you ever been convicted of a felony? Yes No

Have you ever failed a drug screening? Yes No

Are you now, or have you ever been on probation? Yes No

Any convictions as a minor (under 18 years old)? Yes No

If Yes to any of the above, please explain:

Please state on a separate page:

Why do you want to attend our school? What goals do you want to accomplish?

Please complete the following:

Sponsoring Agency: _____

Counselor: _____ E Mail: _____

Address: _____ Phone: _____

Please Note: If not fully sponsored, applicant will be responsible for payment of tuition and other charges.

I certify that this document is true and complete and that any misrepresentation, falsification or omission shall be sufficient reason for dismissal or refusal of admission

Signature

Date Signed: _____

THE SCHOOL OF PIANO TECHNOLOGY FOR THE BLIND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, RELIGION, GENDER, AGE, HANDICAP, OR NATIONAL ORIGIN.

Please address e-mail to:
Julial@pianotuningschool.org