



Community Arts  
Program



# SETON HILL UNIVERSITY YOUTH HONORS CONCERT BAND APPLICATION

**2024-2025 Schedule:**

*Students must attend all rehearsals and the concert!  
Auditions by video submission only.*

**VIDEO AUDITIONS DUE**

By November 22nd, 2024

**SATURDAY, January 25th, 2025**

Rehearsal 2:00 pm - 5:00 pm

**SATURDAY, February 1, 2025**

Rehearsal 1:30 pm - 4:30 pm

Short snack break

Concert 5:30 pm

Reception immediately following concert for all performers, families, and friends

**Tickets are \$6**

Concert tickets available on [setonhill.edu/tickets](http://setonhill.edu/tickets) or by calling or emailing the Box Office. 724-552-2929 or [BoxOffice@setonhill.edu](mailto:BoxOffice@setonhill.edu)

**Tuition:**

\$10.00 audition fee (paid with application)

\$65.00 per accepted student (paid before first rehearsal)

**Audition Information:**

Applicants must be in 6th, 7th or 8th grade during the 2024-2025 school year and should prepare the solo work for their instrument from the approved literature list. ([list available on website](#))

**Please make a video recording of musician playing the required audition piece and email to [walters@setonhill.edu](mailto:walters@setonhill.edu) by the listed deadline.**

**Please note:** The solo list has been updated and is also available online at: [www.setonhill.edu/cmp](http://www.setonhill.edu/cmp). Pieces are available at the links listed on the document or any other dealer with the correct publisher and arrangement.

**Rehearsal and Concert Location:**

Seton Hill University Performing Arts Center  
100 Harrison Avenue, Gbg, PA 15601

**Questions:** Contact Michelle Walters at 724-552-2923 or [walters@setonhill.edu](mailto:walters@setonhill.edu).

**2024-2025 Honors Concert Band Application**

Please print clearly

Student: \_\_\_\_\_ Instrument: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ School: \_\_\_\_\_

Email: \_\_\_\_\_

**Signature** of Band Director or Private Teacher: \_\_\_\_\_

Band Director or Private Teacher name (please print): \_\_\_\_\_

I, the parent/guardian of the student listed above, understand that my child is auditioning for the Youth Honors Concert Band and that I will have him/her/they participate in **all the rehearsals and the concert listed above** if selected. I also understand that the adjudication comments will not be available immediately following the audition process.

**Signature** of Parent/Guardian: \_\_\_\_\_

Parents/Guardians (please print): \_\_\_\_\_

Return this form with payment of \$10.00. Make check payable to **SHU**. Video submissions are due by the deadline below.

Community Music Program, Box 390F, One Seton Hill Drive, Greensburg PA 15601

**Application and Video Submission Deadline: Wednesday, November 22nd, 2024**