

**STEINWAY SOCIETY OF WESTERN PENNSYLVANIA**  
**YOUNG ARTIST APPLICATION**

STUDENT'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE \_\_\_\_\_

TEACHER'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PROGRAM:

COMPOSER	NAME OF PIECE	DURATION
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1.

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COMPOSER	NAME OF PIECE	DURATION
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2.

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COMPOSER	NAME OF PIECE	DURATION
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3.

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COMPOSER	NAME OF PIECE	DURATION
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4.

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Please return to:  
Dr. MARINA LUPINACCI  
2011 Lake Marshall Drive  
Gibsonia, PA 15044  
Tel: 412-371-7447  
Cell: 412-551-4569  
E-Mail: [marinaschmidt@comcast.net](mailto:marinaschmidt@comcast.net)