

# Presbyterian College Department of Music



## The Thirty-ninth Piano Clinic *for piano teachers and students*

*November 8-9, 2024*

*Dr. Karen Buckland, artistic director*

**The PC Piano Clinic is designed for teachers and students. This year the clinic will include masterclasses (for solo piano and for piano ensembles), performances and lectures.**

### **Guest Artist and Lecturer**

**Dr. Charles Fugo**

Distinguished Professor Emeritus at the University of South Carolina School of Music

### **Guest Master Class Teachers**

**Dr. Stephen Taylor**

**Dr. Ann B. Wilson**

### **Auditions for PC Music Scholarships**

Music Scholarships are available to all students at Presbyterian College, regardless of major or minor. All high school juniors participating in the PC Piano Clinic will receive a minimum \$1000 Music Scholarship for attending Presbyterian College. An audition will be arranged upon request. For more information, contact Dr. Karen Buckland, (864) 833-8467 or [kbuck@presby.edu](mailto:kbuck@presby.edu).

### **Clinic Schedule**

#### **Friday, November 8**

1:30-2:00 pm	Registration (Edmunds Lobby)
2:00 pm	Welcome and Opening Remarks
2:15-5:00 pm	Student Master Classes
5:00-7:00 pm	Dinner on Your Own
7:30 pm	Dr. Charles Fugo Recital

#### **Saturday, November 9**

9:15-9:45 am	Gather in Edmunds Hall lobby
10:00-10:45 am	Master Classes
11:00 am -12:00 pm	Lecture
12:00 -12:45 pm	Lunch
1:00-2:15 pm	Student Recital and Presentation of Certificates

**Events are held in Edmunds Hall, Belk Auditorium and Wyatt Chapel  
Schedule Subject to Change**

### **Qualifications for Students**

Grades 7-12, with a minimum of four years piano study, and repertoire on an intermediate-advanced level. If you have any questions about study or literature, please contact Dr. Karen Buckland.

### **Master Classes for Students**

Repertoire for the Piano Master Classes: One memorized piano solo at the recital level (not to exceed 10 minutes) or one piano ensemble piece. Students are assigned to specific studios for performances and critiques. Participants may observe master classes of their choice. Master classes are open to all clinic attendees.

### **Accommodations and Meals**

The Hampton Inn & Suites (864) 938-1040  
Comfort Inn (864) 833-1800  
Days Inn (864) 833-6537

\*Meals are not included with the Clinic but are available at the dining hall or local restaurants.

Return all forms to  
**Dr. Karen Wisser Buckland, PC Piano Clinic**  
**Presbyterian College,**  
**Dept. of Music**  
**Clinton, SC 29325**

Questions? Call (864) 833-8467  
or e-mail [kbuck@presby.edu](mailto:kbuck@presby.edu)

**PC Piano Clinic Participating Student Registration Form**

Return this form and the \$25 Clinic Fee by November 1.  
**Make checks payable to Presbyterian College.**

Name \_\_\_\_\_

Age \_\_\_\_ Grade in School \_\_\_\_\_ Years of piano study \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**PC Piano Clinic Teacher and Auditor**

Return this form and the \$15 clinic fee by November 1.  
**Make checks payable to Presbyterian College.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Non-Participating Student**

Return this form and the \$10 clinic fee, per person, by  
November 1. **Make checks payable to Presbyterian College.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

**Parent Registration Form**

Return this form and the \$10 clinic fee, per person, by  
November 1. **Make checks payable to Presbyterian College.**

Names and Number of Parents attending the Clinic  
\_\_\_\_\_

Teacher \_\_\_\_\_

Teacher e-mail and phone \_\_\_\_\_

**Parental Permission (please check each line and sign for approval)**

\_\_\_ My son/daughter has my permission to attend the PC Piano Clinic.

\_\_\_ In case of emergency requiring medical attention, I hereby authorize the faculty to act according to their best judgment. I release the College from all liability for any injuries or illness incurred during the Clinic. I agree to assume the costs of any medical treatment required.

\_\_\_ I will allow PC to use clinic photos, including the name and hometown of my child, for news release promoting the PC Piano Clinic.

\_\_\_\_\_  
Parent's Signature

**Student Piece for the Master Class**  
**(Solos, Duets and Duos encouraged)**

**Solo**

Name(s) of Students \_\_\_\_\_

Title \_\_\_\_\_

Composer (**and Dates**) \_\_\_\_\_

**Duets or Duo**

Name(s) of Students \_\_\_\_\_

Title \_\_\_\_\_

Composer (**and Dates**) \_\_\_\_\_

*Due to scheduling, students submitting an application after  
**November 1 can attend the Clinic but will not participate in the  
master classes.***

**No fees refunded after November 5**

