

# Presbyterian College Department of Music



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

*February 23-24, 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. Wendy Freeland,**

Professor of Music at Jacksonville State University.

### **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, February 23**

1:30-2:00 pm	Registration (Edmunds Lobby)
2:00 pm	Welcome and Opening Remarks
2:15-5:30 pm	Student Master Classes
5:45-7:00 pm	Dinner on Your Own
7:30 pm	Recital

#### **Saturday, February 24**

9:30-10:00 am	Gather
10:00-10:45 am	Lecture
11:00 am -12:00 pm	Student Ensemble Recital
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 Friday 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

**\*\*\*Contact (864) 833-8467 for information regarding Clinic rates.**

\*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 February 15.

**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 February 15.

**Make checks payable to Presbyterian College.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

**Non-Participating Student, and Parent Registration Form**

Return this form and the \$10 clinic fee, per person, by February 15. **Make checks payable to Presbyterian College.**

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

Name and Number of Parents attending the Clinic

\_\_\_\_\_

Teacher \_\_\_\_\_

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

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

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

Title \_\_\_\_\_

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

***Due to scheduling, students submitting an application after February 15 can attend the Clinic but will not participate in the Friday master class.***

**No fees refunded after February 20.**

**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.