



CBMC Senior Awards Application

DEADLINE:

Application and mp3 or dvd must be RECEIVED by THE CBMC by April 1, 2018

Applicant's Name: _____ Date of Birth: _____

Street Address: _____ City: _____ Zip: _____

E-mail: _____ Home Phone: () _____ Cell: () _____

High School attended: _____ Instrument: _____

Teacher: _____ Total # years of lessons: _____ # years with present teacher: _____

Teacher email: _____ Work Phone () _____ Cell: _____

Teacher's Signature: _____

acknowledging that applicant has been their student for at least 6 months:



Parent's or Guardian's Name: _____ email: _____

Home Phone: _____ Cell: _____

Composition to be performed at the May CBMC Program:

- include title, composer and length of time for performance

1. _____

List music activities, performances, awards received through music organizations (ie: Festival, Guild, Contests)



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List music activities and awards received at your school:

List music activities and awards received in the community or your church:

List your plans for the future: _____

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Mail this application to:

Karen LeGrand, 25 Ridgelake Drive, Mary Esther, 32569-1659

(850) 664-6569 KLegrandpiano@cox.net

www.ChoctawBayMusicClub.org