

CBMC Senior Awards Application DEADLINE: Application must be RECEIVED by THE CBMC by April 1, 2018

Applicant's Name:		Date of Birth:	Age:
Street Address:	City:		Zip:
E-mail:	Home Phone: ()_	Cell: ()
High School attended:		Instrument:	
Teacher:	Total # years of lessons:_	# years with prese	ent teacher:
Teacher email:	Work Phone ()	Cell:	
Teacher's Signature:			
acknowledging that applicant has I	peen their student for at least 6 mon		
Parent's or Guardian's Name:		email:	
Home Phone:	Cell:		
give the name of the Opera. 1			
List music activities, performances	s, awards received through music or	rganizations (ie: Festiva	ıl, 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:			

DEADLINE: Application must be RECEIVED by THE CBMC by April 1, 2018 Mail this application to:

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

(850) 664-6569 KLegrandpiano@cox.net

www.ChoctawBayMusicClub.org