Choctaw Bay Music Club Senior Award Application

Applicant's Name:			Birth Date:
Street Address:	City:	Zip:	
E-mail:	Home Phone: ()	Cell Phone()
High School attended:	In	strument:	
Teacher:	Total # years of less	ons:	_ # years with present teacher:
Teacher E-mail:	Work Phone	<u>; (</u>)	Cell Phone()
Signature of Teacher acknowledging has been a student for at le	that applicant east 6 months:		
Parent's or Guardian's Name:	E-mail:		Home Phone () Cell Phone ()
Composition to be performed for the	e program: (Include title, composer	and length o	
List music activities, performances, a	and awards received through music	organizations	s i.e., Festival, Guild, Contests:
List music activities and awards rece	ived at your school:		
List music activities and awards rece	ived in the community or your chur	ch:	
List your plans for the future:			

Mail to: Karen LeGrand, 25 Ridgelake Drive, Mary Esther, 32569-1659, (850)664-6569, klegrandpiano@cox.net Application Form approved at the CBMC Board Meeting, February 8, 2015