



CBMC Summer Camp Scholarship Application

DEADLINE:

Application and mp3 or dvd must be RECEIVED by THE CBMC by March 1, 2021

Applicant's Name: _____ Date of Birth: _____ Age: _____

Street Address: _____ City: _____ Zip: _____


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

Middle/High School attended: _____

Instrument: _____ Current Grade in School: _____

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: _____

List Compositions performed on the audition recording:

- Include title (Opus, Mvt.), composer (full name), and length of time for the performance. If the title is a foreign language give the English translation. If it is from an Opera give the name of the Opera.
- Choose pieces from 2 of the 4 musical periods (Baroque, Classical, Romantic or Contemporary).
- Record performance with **LIVE accompaniment** in either dvd or mp3 format, burn onto disk for submission.

1. _____

2. _____

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: _____

What Music Camp do you plan to attend: _____

What is the Cost of the Camp Registration: _____

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Mail this application and mp3 or dvd to:

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

(850) 855-0688 KLegrandpiano@cox.net

www.ChoctawBayMusicClub.org