

APPLICATION FORM

Make photocopies of this form as needed.

BEFORE SUBMITTING THE APPLICATIONS, PLEASE READ THOROUGHLY PRECEDING RULES AND REQUIREMENTS.

Please send all application forms along with ONE CHECK AND A 9X12 SELF-ADDRESSED envelope to:

Christyna Kozel
Memorial Scholarship Foundation Committee
256 Columbia Avenue, Kensington, CA 94708

The application forms must be filled out by the teacher ONLY and **must be postmarked on or before December 1.** Please fill out this form carefully so there are no omissions or errors. Performances must be precisely timed. Do not estimate. **Incomplete forms will not be accepted. If the performance exceeds the time limit, the student will be disqualified.**

PLEASE TYPE OR PRINT LEGIBLY

Name _____

Date of Birth _____ Age _____ Phone _____

Address _____ City _____

Zip Code _____

School _____ School Grade _____

Instrument _____ Years of Study with Current Instructor _____

Instructor _____ Phone _____

Instructor's Email _____

Accompanist _____ Phone _____

Instrumental Configuration Solo _____ 1P/4H _____ 1P/6H _____

2P/4H _____ 2P/8H _____ Other – Please specify _____

Composer Title (Opus, Key, Movement)

Comparable CM Level _____ Exact timing of the performing piece: _____

I have read all information about the festival and understand the rules and requirements. I agree to abide by these rules and requirements. I understand that in all cases, the decisions of the Committee are final.

Instructor

Parent/Guardian

Applicant