

Application

Young Musician Development

Name

Instrument

Address

City/Town

Postal Code

Parent/Guardian email

Student's email

Telephone (home)

Parent/Guardian mobile

Student's mobile phone

School

Grade

School Music Teacher's Name

Does student qualify for free/reduced school lunch program? ___Yes ___No

Student lives with: ___both parents ___mother ___father ___other: _____

Parent/Guardian (Names) _____

Total Household size (including applicant/s): _____ person/s

Mother's annual income: _____ Father's annual income: _____

Do you receive Medicaid, food stamps, or any other government assistance? ___Yes ___No

If yes, please specify type & amount _____

Tell us more about your music involvement! I am involved in the following music programs at school: general music strings band
 Chorus Other _____

How long have you studied your instrument? _____

Do you have reliable transportation to the Lincoln Theatre?

Yes _____ No _____

Student Signature

Parent Signature

Mail or fax your application to:
New World Symphony
Office of Community Engagement
541 Lincoln Rd.
Miami Beach, FL. 33139

Additional Information:
Telephone: (305) 428-6714
Fax: (305) 673-6749
Email: Carina.Voly@nws.edu
Web: www.nws.edu

For office use only
Date received: _____
Approved: ___Yes ___No
Date assigned: _____

