

APPLICATION FORM

**THE JAMES W. SIMMONS SOLO COMPETITION
& DR. GENEVIEVE MURPHY SCHOLARSHIP**

Please print very clearly in blue or black ink. Mail your form (postmarked by **January 2, 2019**), or scan and email by **January 5, 2019** to: Charlottesville Municipal Band Solo Competition, 1119 Fifth Street SW Suite B, Charlottesville, VA 22902. If you have any questions, please call 434.295.9850 or send an email to municipalband@embarqmail.com.

First Name _____ Last Name _____

Address _____

City _____, VA ZIP _____ - _____

Phone _____ - _____ - _____ Email _____

Instrument _____ Years Experience _____

School _____ Grade 10 11 12

Are you currently participating in your school band program? YES NO

Do you currently take private lessons on the instrument above? YES NO

Will you be able to audition the morning of **Saturday, January 19, 2019**? YES NO

Will you be available to perform on **Sunday April 14, 2019**? YES NO

My signature below indicates that I understand and agree to the following: auditions will be held on **Saturday, January 19, 2019** at the Municipal Arts Center in Charlottesville, VA; I will be contacted to schedule an audition time; I will perform the piece assigned to my instrument; I will provide my own piano accompanist for my audition; the decision of the judges shall be final; if I am selected, I will be available on **March 26, April 2 and 9** for Tuesday evening rehearsals and **Sunday, April 14** for the performance.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

I certify that I am the current music teacher of the applicant named above.

Music Teacher Signature _____ Date _____

Printed Name _____ Phone _____ - _____ - _____