

**ELIZABETH GRIEGER WIEGAND SACRED MUSIC OF THE FAITHS
AWARD APPLICATION**

ST 10-1

Form expires August 2021

Entry Fee: \$10

Biennial \$600* cash award, given in the odd numbered years

I. Upload the following with this completed form to the NFMC website at www.nfmc-music.org/applicant-file-upload:

- Audition recital recorded and submitted online in an unedited, digital video format
- Verification letter from witness to the recording
- Application fee of \$10 (payable at www.nfmc-music.org/payment)
- Must be uploaded no later than **March 1, 2021**.

National Chair: Dr. Paula Savaglio - pccsavaglio@gmail.com

II. Please print (or type)

Name _____

Telephone _____ Email _____

Present Address _____

City _____ State _____ Zip _____

Last or current School of Study _____

III. Area(s) of concentration: Check as applicable: Voice _____ Years of Study _____

Instrument: Organ _____ Years of Study _____; Piano _____ Years of Study _____

III. I learned of this award from: ___ NFMC website ___ Teacher ___ Other _____

IV. On my honor I swear that I am an American citizen born on _____ in _____
(Date of birth) (Place of birth)

Or naturalized on _____ in _____
(Date of naturalization) (Place of naturalization)

V. I am eligible to enter this contest according to the rules outlined (Check box):

As a member of the federated student/collegiate _____ Club or organization for the current year of the contest in the state of _____.

As an individual student/collegiate member of the (State) _____ Federation of Music Clubs for the current year of the contest.

Or

To pay the membership fee of \$16.00 for annual dues visit www.nfmc-music.org/payment.

VI. I hereby certify that I have read the audition entrance and repertoire requirements (ST 10-2) and that I am eligible to enter this audition. I promise to comply with all rules and requirements of the competition and to cooperate fully with all audition officials. Judge's decisions are final.

If I am the winner, I will provide a picture and give permission for publication of my success in NFMC publications.

Signature _____ Date _____

Note: NFMC winners will be required to submit their social security number and form W-9 to the NFMC treasurer (IRS requirement)

*In the event of financial shortfalls, advertised award amounts may be adjusted. Applicants will be notified of the award change.