

## HINDA HONIGMAN PERFORMANCE AWARD FOR THE BLIND CA-15-1 Annual Awards - Official Application Form

**Please print or type**

Name \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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)

Signature \_\_\_\_\_ Date \_\_\_\_\_

Voice \_\_\_\_\_ Years of Study \_\_\_\_\_

Instrument \_\_\_\_\_ Years of Study \_\_\_\_\_

I learned of this award from: \_\_\_NFMC website \_\_\_Teacher \_\_\_Other \_\_\_\_\_

I am eligible to enter this contest according to the rules outlined:

As a member of the federated senior \_\_\_\_\_ Club , or organization  for  
the current year of the contest in the state of \_\_\_\_\_.

As an individual Senior member of the (State) \_\_\_\_\_ Federation of Music Clubs for  
the current year of the contest.

or

To pay the membership fee of \$50.00 for annual dues visit [www.nfmc-music.org/payment](http://www.nfmc-music.org/payment).

All required materials must be uploaded to the NFMC site, along with application form, at  
[www.nfmc-music.org/applicant-file-upload](http://www.nfmc-music.org/applicant-file-upload) by February 1 of the year of the application.

An entry fee of \$10 is required to be considered for this award. Visit [www.nfmc-music.org/payment](http://www.nfmc-music.org/payment) to pay  
the entry fee.

\_\_\_\_\_ I give my permission to use my name, age, teacher's name, music school and performance for  
publicity if I win an award.

*Elaine Knight, National Chair*

E-mail: [eknight@utm.edu](mailto:eknight@utm.edu)

A panel of judges for each category will adjudicate the recording. Judge's decisions are final.

Composition	Composer
1.	
2.	
3.	

Winners will be asked to submit their social security number to NFMC treasurer (IRS requirement)