

NFMC JOYCE WALSH JUNIOR DISABILITY AWARD
Annual Awards - Application Form

JR 16-2

Entrant must complete application and upload to the NFMC website (www.nfmc-music.org/applicant-file-upload) no later than March 1.

An entry fee of \$10.00 must be paid to be considered for this award. Visit www.nfmc-music.org/payment to pay the entry fee.

Please type or print clearly.

Name: \_\_\_\_\_

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

Telephone ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

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

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

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

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)

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

As a member of the \_\_\_\_\_ federated junior club or organization for the current year of the contest in the state of \_\_\_\_\_.

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

To pay the membership fee of \$13.00 for annual dues visit www.nfmc-music.org/payment.

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

I hereby certify that the above information is correct and that I have read the Requirements and understand that my failure to abide by them will result in disqualification.

Signature \_\_\_\_\_

How did you hear about this award? \_\_\_\_\_

Note: NFMC Winners will be required to submit their social security number and form W-9 to the NFMC Treasurer (IRS rule). 1st place winners are not eligible to compete again.

Questions or concerns should be directed to the National Chair: Dr. John D. Kelly - H: 870-932-1025; C: 870-974-3132; jkelly@astate.edu.