

BERKLEE COLLEGE OF MUSIC
President's Office of Education Outreach/Berklee City Music Boston

2011-2012 Application: Berklee City Music High School Academy

Please print.

First name _____ Last name: _____ Date of birth: _____ Age: _____

Gender: M / F Ethnicity: _____ School: _____ Grade in the fall 2011: _____

Address: _____ City: _____ State: _____ Zip: _____

Student cell#: _____ Home phone#: _____ Parent contact#: _____

Student email: _____ Parent email: _____

Principal instrument(s): _____ Secondary instrument: _____ Years of training: _____

Head of household: _____ Relationship to student: _____

Occupation (head of household): _____ Number in household: _____

Main languages spoken at home: _____

Do you participate in any community organizations or after-school programs? _____

If yes, please list program(s) and year(s) attended: _____

Have you ever participated in a City Music Program at Berklee College of Music (i.e. City Music High School or Preparatory Academy, City Music Mentoring Program or Faculty Outreach? _____

Have you ever been awarded a City Music Summer Scholarship Yes ___ No ___

If yes, list program(s) and year(s) attended: _____

How did you learn about the City Music program / who referred you?: _____

Applicant Name (print): _____

Applicant signature: _____ Date: _____

Parent/guardian name (print): _____

Parent/guardian signature: _____ Date: _____

Berklee City Music is in compliance with 201 CMR 17.00. To ensure the protection of personal information all applications are processed and confidentially contained.

Please return to:
City Music Recruitment & Enrollment Coordinator
Berklee City Music Boston
1140 Boylston Street, MS-899 EDCOM
Boston, MA 02215