

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

2009-2010 Application: Berklee City Music High School Academy

Please print.

First Name: _____ Last Name: _____ Date of birth: _____
S.S.N.: _____ Gender: _____ Ethnicity: _____
Address: _____ City: _____ Zip: _____
Telephone#: _____ Cell#: _____ Email: _____
Instrument(s): _____ Years of Training: _____
School: _____ Grade: _____
Head of household: _____ Relationship to student: _____
Occupation (Head of household): _____ Number in household: _____

Have you ever participated in a City Music Program at Berklee College of Music (i.e. City Music High School or Preparatory School Academy (*formerl known as Saturday School*), or City Music Mentoring Program?

Have you ever been awarded a City Music Summer Scholarship (*formerly known as SYSTEM-5*) Yes ___ No ___

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

How did you first learn about the City Music program?: _____

Signature: _____ Date: _____

Signature (print): _____

Parent signature: _____ Print: _____

Berklee City Music Boston would like to thank you and assure you that your comments and observations regarding the applicant will remain confidential and will be of great assistance in evaluating the applicant's credentials for admission. 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

Return to:

City Music Field Recruitment Assistant
Berklee City Music Boston
1140 Boylston Street, MS-921 EDCOM
Boston, MA 02215