

BERKLEE COLLEGE OF MUSIC
President's Office of Education Outreach
Office phone: 617 747-6058

2009-2010 Application: City Music Preparatory Academy

Please print.

First name: _____ Last name: _____ Date

of birth: _____ Gender: M ___ F ___ Current school: _____ Grade: _____

Address: _____ City _____ state: _____ Zip: _____

Ethnicity: _____ Telephone#: _____ Cellular#: _____

Instrument(s): _____ Years of experience: _____ Teacher: _____

Head of household: _____ Number in household: _____

Occupation (head of household): _____ Telephone#: _____

What is your favorite music to listen to and/or play? _____

List some musicians/singers that have influenced you: _____

How often do you practice? _____

Have you considered attending a performing arts high school? _____

Have you heard of the Boston Arts Academy? _____

Would you like to receive more information about the performing arts high school? _____

Have you heard about Berklee College of Music? _____

Applicant signature: _____

Print name: _____ Date: _____

Parent/guardian signature: _____

Print name: _____ 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.

Return to:

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