METHOD OF PAYMENT APPLICATION FORM (Please duplicate form for additional copies) ☐ Check Enclosed or ☐ MasterCard ☐ VISA Return this form, your CD recording and non-refundable processing fee of \$75 Credit Card Number, if paying by credit card — include all digits. Sec. Code (U.S.) payable to: (Back of Card) Month Jefferson Symphony Print exact name appearing on credit card **Attn: International Young Artists Competition** Signature P.O. Box 546 Expiration Date Golden, CO 80402-0546 Applications must be received by Billing Address of credit card (address statement is mailed to) including Zip code 5:00 PM, November 10, 2017 Please Print or Type (Mo/Day/Yr) APPLICANT NAME BIRTH DATE ADDRESS BIRTHPLACE _____ ______ STATE ___ ZIP _____ EMAIL ____ PHONE ONE ______ / _____ PHONE TWO _____ / _____ OTHER CONTACT INFORMATION (fax, pager #, family email, etc.) YOUR WEB SITE (if any) HIGH SCHOOL NAME (Circle one: Graduated from or attending) (Give city, state, country) (Graduation year) $\frac{\text{UNIVERSITY/COLLEGE NAME}}{\text{(Circle one: } \underline{\text{Graduated from}} \text{ or } \underline{\text{attending or } \underline{\text{not applicable}}}}$ (Give city, state, country) (Graduation year) GRADUATE SCHOOL NAME _ (Circle one: Graduated from or attending or not applicable) (Give city, state, country) (Graduation year) BACKGROUND—Please attach a one-paragraph autobiography, not to exceed 1,400 characters (including spaces), emphasizing your musical background. Include CURRENT EDUCATIONAL STATUS (year in school or university/college, name of institution and major, if declared), MUSIC EDUCATION/TEACHERS, MAJOR PERFORMANCE HISTORY AND

AWARDS.). Biographies of applicants accepted to Round 2 will appear in the January 6, 2018 recital program.

INSTRUMENT _____ DURATION (MINUTES) _____

RECORDED PIECE (TITLE OR NO.)					
KEY	OPUS	COMPOSER			
INSTRUCTOR'S NAME (or School Music Director):					
ADDRESS				PHONE	_/
CITY	STATE		ZIP	EMAIL	