

**Chopin Foundation of the United States
Scholarship Application Form**

Name: _____
(first) (middle) (last)

Address: _____
(street) (city) (state, zip code)

Telephone numbers: (_____) _____ (_____) _____

E-mail: _____

Date of Birth ____/____/____
month / day / year

American Citizen: ____/____
yes / no

Resident Alien : ____/____ **since** _____
yes / no date

School

(name)

(address)

(_____) _____
(phone no.)

(year of study)

Music Teachers:

Present _____ **ph.** (_____) **email:** _____
(name)

(address)

Previous _____ **ph.** (_____) **email:** _____
(name)

(address)

date)

(applicant's signature)

Enclosures:

1. DVD (unedited, labeled) and authorized by teacher or audio technician
2. two references from piano teachers/performers
3. a statement of career goals
4. school enrollment proof
5. check/money order for \$25.00

Send this application to:

Chopin Foundation of the United States, Inc., Attn. Scholarship Committee
1440 79th Street Causeway, Suite 117, Miami, FL 33141

Important!

Attach additional page to list all significant repertoire studied. Place asterisk (*) by works performed in public.
Attach copies of programs/reviews