

THE WALTER W. NAUMBURG FOUNDATION, Inc.

Robert Mann, *President*

120 Claremont Avenue
New York, NY 10027-4698

www.naumburg.org

A P P L I C A T I O N

NAME _____

DATE OF BIRTH _____ SS# _____ T# _____

PRESENT ADDRESS _____

TELEPHONE _____ EMAIL _____

SCHOOL CURRENTLY ATTENDING _____

FORMAL EDUCATION COMPLETED (Name of School and Year of Graduation)

HIGH SCHOOL _____ COLLEGE _____

MUSIC EDUCATION (Private Teachers, Schools, Period of Study) _____

NEW YORK ADDRESS (Notify Office One Week Before Audition) _____

TELEPHONE _____ EMAIL _____

WILL YOU BRING YOUR OWN ACCOMPANIST FOR THE CONCERTO? _____

DO YOU WISH THE FOUNDATION TO SUPPLY NAMES OF ACCOMPANISTS
FOR THE CONCERTO PERFORMANCE? _____

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LIST THE EXTENT OF PREVIOUS EXPERIENCE IN PUBLIC PERFORMANCES:

LIST AWARDS AND SCHOLARSHIPS:

NAMES, POSITIONS AND ADDRESSES OF PERSONS WRITING LETTERS OF RECOMMENDATION:

1.

2.

3.

PLEASE INDICATE THE CHOICE OF YOUR CONCERTOS:

1.

2.

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PROGRAM NO. 1:

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A P P L I C A T I O N

PROGRAM NO. 2: