

THELMA A. ROBINSON BALLET AWARD
Biennial Award – Odd-numbered Years
Application Form

JR 10-3

Form expires August 2011

Entrant must complete this application in triplicate. The chair (next page) must receive all three copies (clearly printed or typed) *by October 1 in even-numbered year*, with (1) proof of U. S. citizenship; (2) proof of birth date; (3) 15-minute, ½ inch color video cassette (VHS) or DVD of applicant in performance. Name of applicant, applicant's teacher or school, must not appear anywhere on cassette. No cassettes can be returned.

Date: _____ Name: _____

Telephone: (____) _____ Cell: (____) _____ Email: _____

Home address: _____
(Street/City/State/Zip)

Ballet school now attending: _____

Length of study at present school: _____

Accrediting authority of school*: _____

Address of School: _____
(Street/City/State/Zip)

Name of present teacher: _____

His/her home address: _____
(Street/City/State/Zip)

All other teachers, length of study, dates of study, cities: _____

(Use other side of form, or attach separate sheet if needed.)

On my honor I swear that I am an American citizen born on in _____ in _____
(Date of birth) (Place of birth)or naturalized on _____ in _____
(Date of naturalization) (Place of naturalization)

Signature: _____ Date: _____

Enclosed is a 15-minute VHS video cassette or DVD of myself performing, as required. (Neither my name, the name of my teacher, or of my school, appears thereon.)

Applicant must be a member of the National Federation of Music Clubs.

I am a member of the _____ Junior Club of
the (state) _____ Federation of Music Clubs.

If not a member of a Federated Active,

I hereby request an Individual Junior Membership and enclose \$13.00 check payable to the state federation.

(continued)

TARBA AUDITIONS APPLICATION FORM – JR 10-3 (continued)

I hereby certify that I am eligible to enter these auditions according to the rules printed in JR 10-1.

I also promise to comply with all conditions outlined in said rules. If declared a winner, I may receive an invitation from the NFMC President for a courtesy performance at a national meeting.

I further certify that every statement made herein is true.

(Applicant's Signature)

(Signature of Present Teacher)

Winners will be asked to submit their social security number to the NFMC treasurer (IRS requirement).

* "Accrediting authority" *is not your teacher*. This must be a ballet association, or an organization or individual knowledgeable in the field, competent to judge the qualifications of your teacher, or the school or studio you are attending.

Return this form and necessary enclosures to the national chair:

Name: ***Anne Cruxent***
Address: 5530 LeJeune Rd
Coral Gables FL 33146
E-mail: acruxent@bellsouth.net

Additional copies of this form (JR 10-3) may be obtained from: NFMC Headquarters or from the web site.