

## ACHIEVEMENT AWARDS APPLICATION FORM

Student's Name (print) \_\_\_\_\_  
Parent's Name \_\_\_\_\_  
Street \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_  
School \_\_\_\_\_ Age (as of January 1, 2026) \_\_\_\_\_  
Category \_\_\_\_\_ Classification \_\_\_\_\_  
Instrument \_\_\_\_\_ Accompanist (where applicable) \_\_\_\_\_

SELECTIONS: In preferred order of performance:

1. Title \_\_\_\_\_  
Composer \_\_\_\_\_ Perf. Time \_\_\_\_\_ ' \_\_\_\_\_ ''  
Historical Period \_\_\_\_\_ or Copyright \_\_\_\_\_

2. Title \_\_\_\_\_  
Composer \_\_\_\_\_ Perf. Time \_\_\_\_\_ ' \_\_\_\_\_ ''  
Historical Period \_\_\_\_\_ or Copyright \_\_\_\_\_

3. Title \_\_\_\_\_  
Composer \_\_\_\_\_ Perf. Time \_\_\_\_\_ ' \_\_\_\_\_ ''  
Historical Period \_\_\_\_\_ or Copyright \_\_\_\_\_

4. Title \_\_\_\_\_  
Composer \_\_\_\_\_ Perf. Time \_\_\_\_\_ ' \_\_\_\_\_ '' Historical  
Period \_\_\_\_\_ or Copyright \_\_\_\_\_

Teacher's Name \_\_\_\_\_  
Street \_\_\_\_\_ City \_\_\_\_\_ OH Zip \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Entry Fee (non-refundable) to be paid to teacher. Teachers to remit one check to CMTA with the applications.

Send to: Nina Polonsky  
836 Eastchester Drive  
Gahanna, OH 43230

*I have read and understand the Achievement Awards information and requirements. I give permission for my or my child's photo to be used by CMTA.*

### SIGNATURES REQUIRED

Teacher \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_ Student \_\_\_\_\_