

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

Parent _____ Student _____
Teacher _____ Date _____