

The Foundation for the Advancement of Music & Education, Inc. (FAME)

SUMMER MUSIC TECHNOLOGY PROGRAMS

Application

Please Print

SELECT YOUR SESSION:

Bowie State University - **Session 1** ___: June 16-20, 2014 • **Session 2** ___: June 23-27, 2014

University of Maryland College Park - **Session 3** ___: July 7-11 2014 • **Session 4** ___: July 14-18, 2014

The fee for each session is \$499. Limited financial aid & scholarships are available so please register early.

PART I: STUDENT & PARENT INFORMATION

Last Name:		First Name :		Age	Male <input type="checkbox"/>
Birth Date (Month/Date/Year):		Home Phone:		E-Mail Address:	Female <input type="checkbox"/>
Home Address:				U.S. Citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City		State		County	Zip/Postal Code
Guardian 1:		Relationship to Student:			
E-Mail Address		Home Phone:		Business Phone	Cell Phone
Guardian 2:		Relationship to Student:			
E-Mail Address		Home Phone:		Business Phone	Cell Phone
Is either parent/guardian on active duty in the military?		If yes, which Branch of Service:			
Are you seeking financial assistance?		If so, please complete the Financial Aid Request Form.			
EMERGENCY CONTACT (complete if different from Guardian)					
Name(s):		Cell Phone:		Work:	Home:
Email Address:				Relationship to Student:	
Special instructions:					

PART II: SCHOOL & MUSIC TRAINING INFORMATION

Name of Current School:		Grade Level:		Current GPA:	
City		State		County	Zip/Postal Code
Primary Instrument or Voice part:	Other Instruments:		What music software have you used?		
Please describe your musical background:					
How are you involved in your school's music program?					
What would you like to learn during this program?					

How did you hear about this program? _____

MEDICAL, FIELD TRIP & PHOTOGRAPHY CONSENT

1. I authorize FAME, when I cannot be reached, to take my child to the emergency room of the nearest hospital, at my expense, and the hospital has my authorization to provide treatment that a physician deems necessary for the well-being of my child.
2. I give permission for my child to be taken on field trips, off the Campus supervised by staff, whether by foot, metro, van or bus. I hereby release and hold harmless the school, its agents and employees, from all claims, damages or other liabilities for injuries to the student that are not the result of gross negligence by the school, its agents or employees.
3. I hereby authorize and give full consent to FAME to publish and copyright all photographs in which my child appears while enrolled. I agree that FAME may use photographs, videos, written extractions, and voice recordings of my child for the purpose of illustrations, publications and websites.
4. I hereby approve the foregoing and affirm that I have the legal right to issue such consent.

Parent/Guardian Signature _____
 Phone # _____ Date: _____

Please return the application and nomination form by March 31, 2014, via Email: info@fameorg.org, put Summer Music Program on the subject line; or Mail: FAME, P O Box 2228, Bowie, MD 20718-2228