



**FLAGSTAFF
SYMPHONY
ORCHESTRA** Student Musician of the Month

All students MUST be nominated by a teacher. Applications MUST be signed by the student and the student's guardian or parent. Mail applications to: FSO Student Musician of the Month, PO Box 122, Flagstaff, AZ 86002.

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone _____ Email _____

Your school _____ Your grade _____ Your age _____

The telephone number of your nominating teacher _____

If you are a vocalist, what part do you sing? _____

If you are an instrumentalist, what instrument(s) do you play? _____

Do you perform? _____ If yes, with what group, where and for how many months or years? _____

If you are selected as a Student Musician of the Month, we need your parents' permission to post information about you on our website. They can indicate their permission by signing below:

Your parents' phone number _____

On a separate piece of paper please answer these questions. Type your responses and keep them to no more than 500 words each. Write clearly, honestly and directly. Grammar, spelling and punctuation will be taken into consideration.

1. Describe the role that being a student musician plays in your life.
2. What is your favorite piece to play or sing and why?
3. Is there someone in particular who has had an influence on you as a student musician? Tell us about him/her.
4. In addition to music and school, what occupies your time and interest?
5. As a student musician, where do you see yourself in five years?

If you have a photo of yourself and would like to include it in your application, please do so. This is not required. Thanks for your interest in music, in the Flagstaff Symphony Orchestra and in the Student Musician of the Month program.

If you have any questions, call the symphony office at 928.774.5107.

Your signature _____

Date _____