



Debut Atlantic Award for Musical Excellence

Award Application Form

Name: _____ Age: _____

Address: _____

Phone: _____ Email: _____

School: _____

Music Teacher: _____ Instrument: _____

Repertoire Information

Classical/Baroque:

Composer _____ Title _____

Romantic:

Composer _____ Title _____

Contemporary:

Composer _____ Title _____

Biographical Information

Please include a brief biography (max. 250 words) on a separate sheet.

Signature of Applicant: _____

Signature of Parent or Guardian: _____

Date: _____

Complete applications should be returned to:

Debut Atlantic
P. O. Box 575, 1505 Barrington Street
Halifax NS B3J 2R7