

Debut Atlantic
Award for Musical Excellence
Application Form

Name			Age	
Address				
City	Province	Postal Code		
Country	Telephone			
Parent E-Mail			Student E-Mail	
School				Grade
Music Teacher			Instrument	

Repertoire Information (Musical selections must not exceed 20 minutes in length)

Baroque/Classical

Composer	Title

Romantic

Composer	Title

Contemporary

Composer	Title

Application Checklist (Please refer to the submission guidelines for full details)

- ☐ **Application form** (completed and signed)
- ☐ **Biography** (Max. 250 words in DOC, DOCX, or TXT format)
- ☐ **Headshot** (A high resolution digital headshot in JPG or TIFF format)
- ☐ **Recording** (Good quality recordings in MP3 format of three separate works as per the application guidelines)

Questions may be sent to elizabeth@debutatlantic.ca.

Complete applications should be returned to:
(must be postmarked by January 31st)

Debut Atlantic
PO Box 575
Halifax NS B3J 2R7

Applicant Signature	Date

Parent / Guardian Signature	Date