



ENROLLMENT APPLICATION

STUDENT INFORMATION

STUDENT NAME _____

ADDRESS _____

HOME PHONE _____ MOBILE PHONE _____

(Parent's if under 18)

E-MAIL _____ BIRTH DATE _____

WHAT GRADE ARE YOU IN? _____ WHAT SCHOOL DO YOU ATTEND? _____

WHAT SCHOOL DISTRICT ARE YOU IN? _____

EMERGENCY CONTACT _____ EMERGENCY CONTACT PHONE _____

MUSICAL BACKGROUND

MUSICAL INSTRUMENT VIOLIN VIOLA CELLO DOUBLE BASS

YEARS PLAYING < 1 Year 1-2 Years 3-4 Years > 4 Years

EXPERIENCE _____

AUDITION Please upload a 5 to 7 minute audio or video of your performance to a video sharing site such as YouTube and email a link to info@COSAMusicInstitute.org. Please have your name in the subject line along with "CMI Audition". This audition will be used for placement within the program and not to exclude any applicants. If an audition is not received before the first day of CMI, placement auditions will take place on June 19th.

MEDICAL INFORMATION

Does your child require special care or have any disabilities? Yes No

If yes, please explain: _____

Is your child currently taking any prescribed medication? Yes No

If yes, please explain: _____

Does your child have an existing or previous illness? Yes No

If yes, please explain: _____

Has your child been hospitalized in the past 12 months? Yes No

If yes, please explain: _____

Does your child have any allergies? Yes No

If yes, please explain: _____

Ninety percent of students at the COSA Music Institute will receive scholarships, which will be awarded based on a combination of talent and financial need, with coverage ranging from 75% to 100% of the tuition. All students who apply will be considered for financial assistance. Should you have additional questions please email info@COSAMusicInstitute.org to find out more.

FINANCIAL ASSISTANCE APPLICATION

STUDENT
INFORMATION

STUDENT NAME

PARENT/GUARDIAN
NAME

ADDRESS

HOME PHONE

MOBILE PHONE

(Parent's if under 18)

PARENT/GUARDIAN
E-MAIL

PARENT/GUARDIAN
OCCUPATION

PARENT/GUARDIAN
EMPLOYER

FINANCIAL
NEEDS

PLEASE EXPLAIN
NEED FOR
FINANCIAL
ASSISTANCE

PLEASE SELECT THE
RANGE IN WHICH YOUR
GROSS HOUSEHOLD
INCOME FALLS

0 - \$10000

\$50000 - \$60000

\$10000 - \$20000

\$60000 - \$70000

\$20000 - \$30000

\$70000 - \$80000

\$30000 - \$40000

\$80000 and above

\$40000 - \$50000

Personal information that you enter above will be treated as strictly confidential and will only be used for our internal records. We will not share your information with others without your prior consent.