

## **CULTIVATE APPLICATION FORM**

Please complete this application, print it out, and include the hard copy with your application packet.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City / State/ Zip: \_\_\_\_\_

Phone (h): \_\_\_\_\_

Phone (w): \_\_\_\_\_

Phone (cell): \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Birthplace: \_\_\_\_\_

ASCAP:  BMI:  Other  (specify): \_\_\_\_\_ None:

Check all that apply: born , raised , studied , lived , worked  in Westchester County, NY

How did you learn of this opportunity? \_\_\_\_\_

\_\_\_\_\_

• Attach proof of citizenship or resident status such as birth certificate, U.S. passport, Board of Elections registration card, or INS document. (Driver's license or Social Security card is not acceptable.)

• Submit a brief (1- or 2-page) resume with educational background, professional activities (commissions, performances, awards, etc.), and works list.

• Titles, dates, and timings of your three representative works that accompany this application:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

• Submit 3 recordings. Recordings of the 3 works above are strongly encouraged; if any are not available, recordings of other works may be substituted. Use compact disc format *only*, and clearly label both the disc and the container or sleeve with your name, works' titles and, if applicable, movements or sections. We prefer all 3 recorded works on 1 disc, but will accept recordings on separate discs.

Signature: \_\_\_\_\_

Please submit all materials in one packet, postmarked on or before December 1 to:

**CULTIVATE  
Copland House  
P. O. Box 2177  
Peekskill, NY 10566**

Scores/recordings will be returned if a self-addressed, properly-sized envelope with sufficient postage affixed is enclosed. For additional information, contact (914) 788-4659 or office@coplandhouse.org .