



## The Herb Alpert Young Jazz Composer Awards Application Form

Thank you for applying to the Herb Alpert Young Jazz Composer Awards!

Please use this form for applicants under the age of 13 only. A parent or guardian will be required to complete and submit a hard copy of this Application (along with other Submissions materials) and give **Parental Consent** (as defined in and required under Section 3 of the [Official Awards General Rules and Regulations](#)).

### Applicant Details

**Applicant Name:\*** \_\_\_\_\_  
**Parent or Guardian's Phone/Cell Number:\*** \_\_\_\_\_  
**Parent or Guardian's Email:\*** \_\_\_\_\_  
**Applicant's Date Of Birth:\*** \_\_\_\_\_  
**Applicant's Age:\*** \_\_\_\_\_  
**Applicant's Citizenship/Visa Status:\***  US Citizen  Permanent Resident  Student Visa

### Current Address

**Address:\*** \_\_\_\_\_  
\_\_\_\_\_  
**City:\*** \_\_\_\_\_  
**State/Province:\*** \_\_\_\_\_  
**Zip/Postal Code:\*** \_\_\_\_\_  
**Country:** \_\_\_\_\_

### Permanent Address

*Please complete if different from Current Address.*

**Address:\*** \_\_\_\_\_  
\_\_\_\_\_  
**City:\*** \_\_\_\_\_  
**State/Province:\*** \_\_\_\_\_  
**Zip/Postal Code:\*** \_\_\_\_\_  
**Country:** \_\_\_\_\_

### Music Education

*Please enter up to three institutions in reverse chronological order.*

**Name of Institution 1:** \_\_\_\_\_  
**Principal Instructor 1:** \_\_\_\_\_  
**Name of Institution 2:** \_\_\_\_\_  
**Principal Instructor 2:** \_\_\_\_\_  
**Name of Institution 3:** \_\_\_\_\_  
**Principal Instructor 3:** \_\_\_\_\_

### Work Details

**Title of Composition:\*** \_\_\_\_\_  
**Are You Submitting Audio?\***  I have an URL (to be provided below)  I am sending my CD  No  
**Work URL:** \_\_\_\_\_  
**Does your work include text?**  No  I have written permission  I am the author  Public Domain  I don't have permission  
**Does your work include a translation?**  No  I have written permission  I am the author  Public Domain  I don't have permission  
**Is a sample incorporated in your work?**  No  I have written permission  I am the author  Public Domain  I don't have permission  
**Is this your original work?**  Yes  No

\* means Required information.

Last Updated: 9/18/2017

**Instrumentation:**

*If you are submitting a sound recording or file, identify the Performing Forces if the work is not an electronic simulation.*

**Duration:\*** [HH:MM:SS] \_\_\_\_ : \_\_\_\_ : \_\_\_\_

**Performance History:**

**Award History:**

**Performing Ensemble:**

<p><b>Is there a self-addressed stamped envelope included?</b></p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>	<p>If you wish to have your work returned, please provide a self-addressed envelope with sufficient postage.</p>	<p><b>Which address should we use for all communications?</b></p> <p><input type="checkbox"/> Current    <input type="checkbox"/> Permanent</p>	<p>If none is specified, communications will go to the Parent or Guardian's at the addresses provided below.</p>
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I represent and warrant that: (a) I am authorized to submit this Application on behalf of the Entrant who is under 13 to participate in this Award; (b) all information set forth in this Application is true and correct; (c) I have read and agree to comply, and shall ensure that the Entrant shall at all times complies, with The ASCAP Foundation [Official Awards General Rules and Regulations](#) (including Schedule A and the Eligibility and Submission Requirements set forth therein) attached hereto; (d) I am the parent or legal guardian, identified below, of the Entrant and I am submitting all materials required for Entrant's participation in this Award, including, without limitation, this hardcopy Application, which has been executed by me, as part of the Submission materials; and (e) I am granting **Parental Consent** (as defined in and required under Section 3 of the [Official Awards General Rules and Regulations](#) attached hereto to use personal information about the Entrant in connection with the Award).

**Signature:** \_\_\_\_\_ **Print Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent or Guardian's Name:\*** \_\_\_\_\_

**Parent or Guardian's Address:\*** \_\_\_\_\_

**Parent or Guardian's Phone/Cell Number:\*** \_\_\_\_\_

**Parent or Guardian's Email:\*** \_\_\_\_\_

**Next steps:**  
Please review the **Submission Requirements** in the attached [Official Awards General Rules and Regulations](#) for further instructions on how to complete your submission.