



Nomination / Application for the
2017 Hans Schmelzer Music Award (Rev.173)



(1) Name of School / Website:

(2) Type of Institution: High School (Gr. 9-12) College/University Located in (City):

(3) Name of Ensemble / Website:

(4) Type of Ensemble: Band Orchestra Chamber Group Other - Type:

(5) Relationship to School: Offered as a Class Recognized Extra-curricular Activity Other - Type:

(6) Name of Work to Be Performed:

(7) Composer:

(8) Arranger:

(9) Genre of Music:

(10) Difficulty Level (on I to VI Standard Grade):

(11) Approximate Performance Time:

(12) Country of Origin/Influence (indicate all that apply):

- Austria Croatia Czech Rep. Germany Hungary Poland
 Romania Serbia Slovakia Slovenia Switzerland

(13) Performance Venue (Name / Location Address)

(14) Performance Date:

(15) Seating Capacity of Venue:

(16) Name of Ensemble Director:

(18) Name of Music Conductor (if different):

(17) Ensemble Director Mailing Address:

(19) Ensemble Director Telephone No.:

(20) Ensemble Director E-Mail Address:

Please attach a short statement explaining the relationship of the music to the country(ies) of origin/influence indicated in (12). You may also include any other information you feel the Award Committee should consider. **[For applicants only:** By signing below you are certifying that you are an authorized representative of the school and ensemble applying for the Ensemble Component of the *Hans Schmelzer Music Award*. You are also certifying that upon submittal you have read and comply with the pre-award criteria and requirements as specified in the award's "Information Pamphlet" (Rev.173), particularly those related to the performance of the musical composition. You are also certifying that should you receive the award you will comply with all post award criteria and requirements. **A copy of the director's score must be included with this application.]** **Nominations / Applications may be submitted and postmarked through December 1, 2017. If submitting a nomination, please include your personal contact information.**

Submitted by:

Signature: _____

Date:

Printed Name/Title: