

CLARE CLEMENTS MADDEN
MEMORIAL SCHOLARSHIP COMPETITION

REGISTRATION APPLICATION

Student Name _____

Age Division _____ Grade in School _____

Contest Selections (Please include as much information as possible)

1. _____ Composer _____

2. _____ Composer _____

Teacher _____

Student Name _____

Age Division _____ Grade in School _____

Contest Selections (Please include as much information as possible)

1. _____ Composer _____

2. _____ Composer _____

Teacher _____

Student Name _____

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Student Name _____

Age Division _____ Grade in School _____

Contest Selections (Please include as much information as possible)

1. _____ Composer _____

2. _____ Composer _____

Teacher _____

**PLEASE MAKE ADDITIONAL COPIES AS NEEDED.
APPLICATION DEADLINE: MARCH 27, 2010.
MAIL WITH CHECK (\$18.00 PER STUDENT) TO:
NADINE LANGWORTHY, PO BOX 686, DODGE CENTER MN 55927.**