

**Wharton Music Center
Achievement Program Approval Form
ENSEMBLES**



Student Name _____ **Best Contact** _____
(phone OR email)

Ensemble _____

Organization Name _____
(e.g. New Jersey Youth Chorus or New Providence High School)

Director Signature X _____

By signing above, I certify that the student named was selected for this ensemble by audition and has satisfactorily participated for the 2014-2015 school year.

PLEASE RETURN TO Kristine.Peters@wmcmusic.org by April 13.