

# projectSTEP

## 2018 FOCUS PROGRAM APPLICATION

_____		_____	_____	<b>RACE/ETHNICITY:</b>
Last Name		First Name	Middle	<input type="checkbox"/> Black/African American
_____		_____	_____	<input type="checkbox"/> Hispanic/Latino
Gender	Age	Date of Birth		<input type="checkbox"/> Other: _____
_____			_____	_____
Street			City	ZIP
_____				
Parent(s) or Guardian(s) Names				
_____				
Home Telephone		Cell/Work Telephone	E-mail	
_____				
School			Town	Grade

FOCUS classes meet **once a week** on either Wednesday or Saturday afternoons. Please mark which section your child is available for:

- Wednesday afternoons only (times to be confirmed)
- Saturday afternoons only (times to be confirmed)
- My child is available either Wednesday or Saturday afternoons

**Mission Statement:** Project STEP recognizes that certain racial and ethnic minorities are vastly underrepresented in classical music. Our mission is to address this imbalance by identifying musically talented children from underrepresented Boston communities and providing them with comprehensive music and string instrument instruction.

### Parent's Statement of Commitment:

I would like my child, \_\_\_\_\_, to apply for the *FOCUS* program. I have read and understand the *FOCUS* program description. I also understand that if accepted, I am committed to bringing my child regularly to classes and to keep the *FOCUS* program updated with any changes in the above information.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

(continued on other side)

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### 2018 MEDIA RELEASE AGREEMENT BETWEEN PROJECT STEP AND PARTICIPATING FOCUS STUDENTS AND FAMILIES

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

#### Photographs, recordings, video and film images

- FOCUS student performances and/or classes may be photographed, filmed, videotaped, and/or recorded. Project STEP has the students and families' permission to use all images and sound recordings for publicity and to describe and illustrate the program to the public, print & online media, and funding organizations.

**I understand and agree with the policy outlined on the above paragraph.**

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For Project STEP: \_\_\_\_\_ Date: \_\_\_\_\_

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**\*Please mail this form along with the \$35 registration fee (check/money order payable to Project STEP) before January 5, 2018 to the address below. Acceptance notifications will be emailed by January 16th, 2018.**

Project STEP  
Symphony Hall  
301 Massachusetts Avenue  
Boston, MA 02115