

Musica Sacra

CHURCH MUSIC ASSOCIATION OF AMERICA

Program Scholarship Application

Please tell us about yourself:

Name: _____

Address: _____

Phone: _____ Email: _____

Have you ever received a CMAA program scholarship before? No Yes

If yes, indicate CMAA program date and location: _____

Please describe your financial need: _____

Please tell us about your parish or Seminary:

Your (Arch) diocese: _____

Your Parish or Seminary: _____

Seminary or Parish Address: _____

Parish or Seminary Phone: _____ Email: _____

Pastor's Name or Seminary Contact: _____

Which best describes your parish (if applicable). Circle all that apply:

SUBURBAN

RURAL

URBAN

Which describes your parish's economic status (circle one if applicable):

POOR MIDDLE INCOME AFFLUENT

Approximate number of households in parish (if applicable): _____

Please tell us about the program you want to attend:

Name of the Program: _____

Location: _____ Date: _____

Will you be able to attend this program if a scholarship is not available? Yes No

Have you requested funds from your parish or seminary? Yes No

If yes, what was the response? _____

If no, please consider approaching your pastor or pastoral administrator (if applicable) while your application is being reviewed.

IMPORTANT*: Please explain briefly why you would like to receive a scholarship for a CMAA program. Please include a description of how your parish (if applicable) will benefit from your participation in this program.

**If this section is omitted, the application will not be considered.*