

Musica Sacra

CHURCH MUSIC ASSOCIATION OF AMERICA

CMAA Program Scholarship Parish or Seminary Recommendation

Name of Applicant: _____

Your Name: _____

Parish or Seminary Position: _____

Address: _____

Phone: _____ Email: _____

The CMAA relies on the honesty and integrity of your recommendation. If you have any hesitation – pastoral or financial – about recommending this applicant for a CMAA program scholarship, please do not do so. If you need additional space for your responses, please use a separate sheet of paper. Thank you.

Please give your reasons for recommending this applicant for a scholarship to participate in a CMAA program. Include the benefits that the applicant and the parish or seminary would receive from participation in this program.

Briefly describe the financial need of the parish or seminary and applicant as best you can.

Other Comments:

Signature: _____ Date: _____

Please send completed form to: CMAA ♦ P.O. Box 4344 ♦ Roswell, NM 88202 ♦ Email: programs@musicasacra.com
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