

# Musica Sacra

## CHURCH MUSIC ASSOCIATION OF AMERICA

### CMAA Program Scholarship Parish, Order or Seminary Recommendation

Name of Applicant: \_\_\_\_\_

Your Name: \_\_\_\_\_

Parish, Order 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, order or seminary would receive from participation in this program.

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

Other Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_