

# *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, order or Seminary:*

Your (Arch) diocese: \_\_\_\_\_

Your Parish, Order or Seminary: \_\_\_\_\_

Parish, Order or Seminary Address: \_\_\_\_\_

\_\_\_\_\_

Parish, Order or Seminary Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Pastor's Name or Order 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, order 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.*