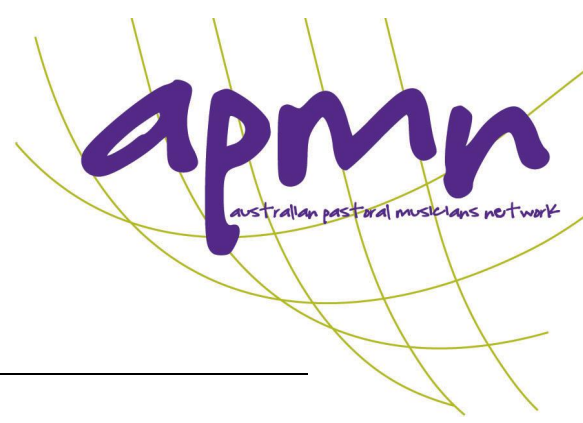


APMN SCHOLARSHIP APPLICATION 2015



Personal Information

Last Name: _____ First Name: _____

Address: _____

_____ State: _____ Postcode: _____

Phone: _____ Mobile: _____

Email: _____ Age: _____

Educational Information

Indicate current education program (e.g. High School/University/Private Studies) if applicable, and /or history of musical, liturgical, pastoral education already undertaken.

Briefly outline the area of study you wish to undertake utilising the scholarship funds.

Diocese: _____ Parish: _____

Parish Address: _____

Parish Phone: _____ Mobile: _____

Pastor's Name: _____

Which best describes your Parish? Circle all that apply.

Urban Suburban Regional Rural

I understand that if awarded an APMN Scholarship I will be expected to submit an evaluation of how I plan to implement my experience in the parish situation. This evaluation will be sent to the APMN within thirty days (30) of the completion of my participation.

Signature: _____ Date: _____



APMN SCHOLARSHIP APPLICATION PROCEDURE

Application Check list:

1. Complete application form.
2. Two (2) letters of recommendation, including one written by your Pastor.
3. Additional supporting material if applicable e.g. CD, (DVD) or copy of original manuscript/composition. The recording should be no more than 5 minutes in length, the CD must identify the piece or pieces on the recording and the performer(s).
4. Applications must be postmarked by **July 24 2015**.

Post to: **APMN Scholarships**
PO Box 399
Cardiff
NSW 2285