

CAN-AM Region 6 Scholarship Application

Date: _____

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ E-mail: _____

Amount Applied For: \$_____ (May not exceed \$500.00*)

Please attach a course/seminar/conference description for which funding is being sought.

On a separate page, please provide specific details of your requested expenses, (i.e. registration fee, travel costs, accommodations expense, food, supplies, etc.) including the benefits to you, your chorus, and the Region.

Additional funding received or applied for: (including chorus/personal/outside contributions.)

_____ Yes \$ _____ Amount

_____ No *I will cover additional expenses myself.*

Please attach two (2) letters of recommendation and support from leaders within your chapter. Leaders may include members of your Music Team, Board of Directors, or Management Team.

Please submit your application for the scholarship to: CAN-AM Region 6 Scholarship Committee, c/o the Regional Education Coordinator.

Bev Swanson
1150 Rose Lane
New Brighton, MN 55112
651.340.6620
bjswan@live.com

*All financial transactions will be made in U.S. Funds