

Sing Canada Harmony Individual Scholarship Application



Personal Information

Full Name _____
Address _____ Apt/Unit # _____
City _____ Province _____ Postal Code _____
Home Phone _____ Cell Phone _____

Email Address _____

By filling in your details above you are agreeing to receive email communication from Sing Canada Harmony, including promotional emails. You may opt out at any time.

Legal Resident of _____ Citizenship _____

Age and gender requirements are for dependent minors who are applying to attend a music camp, training weekend or similar event. Only required if the applicant is under 18.

Age _____ Gender M F

If under 18, please provide name and signature of parent or legal guardian

Parent / Legal Guardian Name _____

Signature _____

By typing your name above, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Applicant Information

Roles and Positions (check all that apply)

- Music Educator
- Director of a choir, chorus, choral group, or vocal ensemble
- Officer of a vocal music organization
- Singer in a choir, chorus, choral group, or vocal ensemble
- Student
- Grade/Program – current year of study _____
- None of the above

Details

Please provide relevant details of the roles you have checked above, including singing experience, musical experience, degrees, titles, part sung, instruments played, music schools attended (if applicable), etc.

Applicant Last Name: _____

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If you are a member of a barbershop organization, please complete the following:

District / Region / Area _____

Chapter(s) _____

City Location _____

Leadership position(s) held (if applicable)

Years of membership _____

Vocal Music Groups

Please list of vocal music group(s) in which you currently participate or plan to participate, including choruses, quartets, choirs, etc.

Training / Program / Course Information

Please complete the following information about the training/program/course for which you are applying for funding.

Check one of the following

- College, school, seminar or other training sponsored by a barbershop singing organization
- University or college degree or diploma program in vocal music
- University or college seminar, course and training in vocal music or vocal music support
- Local music education, coaching, workshop, intro to singing event, etc.
- Other programs, seminars, courses and training in vocal music
- Other programs, seminars, courses and training in other music and/or performing arts

Training/program/course name _____

Location _____

Starting Date _____

Duration _____

Area of focus

- | | |
|------------------------------|--------------|
| Vocal music performance | Arrangement |
| Leadership | Adjudication |
| Administration | Staging |
| Composition | |
| Other (please explain) _____ | |

Applicant Last Name: _____

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Scholarship Amount Requested (CAD) \$ _____

If approved, to whom should the cheque be made?

Same as applicant _____

Name (Individual or Organization) _____

Address _____ Apt/Unit # _____

City _____ Province _____ Postal Code _____

Email Address _____

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Purpose of this scholarship (budget)

Other funding you are seeking for this training/program/course, if applicable:

Please complete the following statements. Use additional pages if required, to a maximum of two pages.

This scholarship will help me support singing for people of all ages, particularly youth and children in my community; therefore, the scholarship is important to me because:
(Please explain how children, youth, your community or its schools will benefit.)

This scholarship will alleviate financial burden to me in the following ways:

Applicant Signature _____

By typing your name above, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Date _____

*Please review this form before submitting. Only completed applications will be accepted. **A completed application must include a recommendation** (please see **Recommendation**). Please submit your application by email to: ScholarshipSelection@SingCanadaHarmony.ca*

Applicant Last Name: _____

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Recommendation

A recommendation must be completed and signed by a referee who may be one of:

- Sing Canada Harmony chair, board member, or Choral Ensemble Liaison
- Chapter or chorus board member of: Barbershop Harmony Society (BHS); Harmony Inc. (HI) Area 1, 2, 3, 5; or Sweet Adelines International (SAI) Region 1, 2, 6, 16, 26.
- BHS District Board Member of NED, ONT, PIO, LOL, EVG; HI Area Representative of Areas 1, 2, 3, 5; or Regional Management Team Member of SAI Region 1, 2, 6, 16, 26
- Music Education Chair, Music Department Head or Music Department Officer at a Canadian University or College.
- Music Education Chair, Supervisor or Officer at a Canadian Board of Education
- Organizational Head or Music Director of a Canadian Community Youth or Children's choral ensemble, choir, chorus etc.

Referee Signature _____ Date _____

By typing your name above, you are signing this application electronically. You agree your electronic signature is the legal equivalent of your manual signature on this application.

Referee Name and Title _____

Review Board Notes – For Administration Purposes Only

Applicant Last Name: _____