

Sing Canada Harmony Organization Scholarship Application



Contact Information

Contact 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.

Organizational Information

Organization Name _____

District / Region / Area _____

Chapter(s) _____

City Location _____

Years of Operation _____ Organizational Affiliation _____

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 Organization Name: _____

Application Deadlines: March 1, June 1, September 1 and December 1 of each year

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This scholarship will support (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

Number of Participants _____

Total 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 _____

Budget

Revenue

Participant Fees	\$ _____
Other revenue:	
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL REVENUE	\$ _____

Expenses

Director / coaching fees	\$ _____
Venue rental	\$ _____
Music purchase	\$ _____
Transportation	\$ _____
Meals / Hospitality	\$ _____
Other expenses:	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL EXPENSES	\$ _____

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

Applicant Organization Name: _____

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Purpose of this scholarship:

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:

Contact Signature _____

By typing your name here, 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 Organization 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 here, 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 Organization Name: _____