



Marjorie Spevak Music Scholarship Application

Applicant Information

Name	Date
Address	
City, State, Zip	
Email	Phone
Parent / Guardian Name	
Address (if different than above)	
Email	Phone

I, _____, give permission for _____ to apply for Civic Music Association's Marjorie Spevak Music Scholarship. I also grant permission to CMA to use any photos of _____ in publication or on the CMA website to promote the scholarship.

Signature of Parent/Guardian _____

School	City
Grade Level (2017/2018 school year)	Age (as of 6/1/17)
Primary Instrument	Years of Study
Secondary Instrument (if applicable)	Years of Study
Styles of Music Played	
Music Teacher's Name	
Teacher's Address	
Teacher's Email	Teacher's Phone
Music Groups Performed In	
Music Competitions / Festivals / Honors / Awards	

Applicant Questionnaire

1. How did you become interested in music?

2. In what ways does music make a difference in your life?

3. What are your hopes, dreams, future aspirations (musical or non-musical)?

4. How will you use this scholarship to further your music study?

5. How did you hear about this scholarship?

6. Is there anything else you would like us to know?

I agree that all information represented in this application is accurate and that any monies received from this scholarship will be used to further my music study.

Signature of Applicant _____