



CVSGM Scholarship Application

Name _____ Telephone _____

Address _____

Street

City

State

Zip Code

Date of Birth _____

Do you attend church regularly? Yes No

Name of Church _____

Pastor _____

Are you active in music at church? Yes No If yes, describe _____

Are you active in gospel singing? Yes No

Do you attend convention singings? Yes No

How much musical training have you had? _____

Do you play an instrument? Yes No If yes, which instrument(s)? _____

In your own words, tell us why you want the scholarship _____

List the names of singing schools you have attended _____

How do you plan to use what you would learn at CVSGM in the future? _____

Additional Comments _____

Student's Signature _____ **Date** _____

If you are awarded this scholarship, it will pay registration and full tuition, but does not cover the cost of private lessons. Scholarships are awarded without regard to age, race, creed or national origin. This application must be **postmarked by May 1st** in order to be eligible for this year's scholarships. Completed scholarship applications should be mailed to the following address: **Beth Johnson, 202 Corbin Street, Summertown TN 38483**