PURPOSE
NPM Academic Scholarships assist with the cost of educational formation for Pastoral Musicians.

ELIGIBILITY REQUIREMENTS
● NPM Membership
● Part- or full-time enrollment in an undergraduate or graduate degree program during the 2020-2021 school year, or in a continuing education program
● Program of study must relate to the field of pastoral music
● Demonstrated financial need
● Applicant should intend to work at least two years in the field of pastoral music following graduation/program completion
● Scholarship funds may be applied only to registration, tuition, fees, or books
● Scholarships are awarded for one year only; a former recipient may reapply but should not assume that renewal is automatic

APPLICATION DEADLINE AND DECISIONS
Deadline: Application must be postmarked by April 7, 2020
Decisions: Applicants will receive notice of the committee’s decision by May 15, 2020
Payment: Awards will be presented in person during the NPM Annual Convention or via mail by August 31, 2020

REQUIREMENTS

1. A completed Application Form
2. An audio or video recording of approximately 5 minutes demonstrating solo performance or directing skills should be emailed to Karen Kane at npmadmin@npm.org
3. Two (2) Letters of Recommendation, one written by your Pastor
4. Completed Financial Need Statement
Date: ________________________________

PERSONAL INFORMATION

First Name: ____________________________ Last Name: ________________________
Address: __________________________________________________________
City: ____________________________ State: _______ Zip: ________
Telephone Number: (____) _________ NPM Member Number: __________
E-mail Address: ______________________

EDUCATIONAL INFORMATION

High School: __________________________
City: ____________________________ State: _______ GPA: __________

State College or continuing education program: ________________________________
City:__________________________ State: _______ Hours Completed: ________
Field of Study: Major or Minor (if applicable) GPA: ___________ Full or Part-time: _____

Degrees or certifications already completed:
First Name: ___________________ Last Name: _____________

How do you define the term "Pastoral Musician"?

Describe your previous experience as a Pastoral Musician

List and describe academic achievement, honors, recognition, extracurricular activists, community involvement
INCOME INFORMATION (Complete either Section 1 or Section 2)

Section 1: Single under 24 years old without dependents

Is someone else claiming you as a dependent?  No  Yes

a. Total number in family (household size)

b. Parents’ annual income (if claimed as a dependent) * $  

c. Your annual income * $

d. Annual Untaxed Income and Benefits (including Child Support, SSI, Work First, Worker’s Comp and other benefits) $

e. Estimated assets (i.e., savings) $

f. Other financial aid (grants, loans, scholarships) $

Section 2: Over 24 years old, or under 24 who are married and/or have dependents

Marital Status:  Single: _____  Married: _____

a. Total number in family (household size)

b. Your annual income * $

c. Spouse’s annual income * $

d. Annual Untaxed Income and Benefits (including Child Support, SSI, Work First, Worker’s Comp and other benefits) $

e. Estimated assets (i.e., savings) $

f. Other financial aid (grants, loans, scholarships) $

*Figures may be estimated or obtained from W-2s or 1040 Federal Income Tax forms.
EXPENSE INFORMATION

Estimated Annual Household Expenses (excluding educational expenses) $ 

Estimated Educational Expenses

  Tuition (per program or year) $ 
  Fees (per program or year) $ 
  Books (per program or year) $ 
  Other (please specify) $ 

Other Financial Information:

Please explain any special circumstances you would like to have considered in this application. Attach additional page(s) if needed.

Signature: ________________________________

Date: ________________________________
First Name: __________________    Last Name: __________________

Specify the title of the piece(s) on your submitted recording, as well as listing all performers

The information submitted on this NPM Scholarship Application is accurate, and does not exclude any relevant information.

Signature: ____________________________

Date: __________________________

Application must be postmarked by April 7, 2020
Return Recommendation Directly to NPM

Karen Kane
npadmin@npm.org

Subject: NPM Academic Scholarship
Reference

U.S. Mail
National Association of Pastoral Musicians 962
Wayne Avenue, Suite 550
Silver Spring, MD 20910-4461
Date: ______________

APPLICANT INFORMATION
First Name: ___________________   Last Name: ___________________

YOUR INFORMATION
Your Name: __________________________________________________________
Parish Position: ______________________________________________________
Address: ______________________________________________________________
City: ___________________ State: ___________ Zip______________
Telephone Number (_____ ) ______________ E-mail Address: ________________

Please give your reasons for recommending this applicant for an NPM Academic Scholarship. Include the benefits that the Applicant and the Parish would receive from this award, and any special considerations that make this Applicant deserving of an NPM Academic Scholarship.

Signature: ___________________   Date: ______

Application must be postmarked by **April 7, 2020**

Return Recommendation Directly to NPM

Karen Kane
npmadmin@npm.org
Subject: NPM Academic Scholarship Reference

U.S. Mail
National Association of Pastoral Musicians 962
Wayne Avenue, Suite 550
Silver Spring, MD  20910-4461
NPM ACADEMIC SCHOLARSHIPS
2020-2021
Recommendation Form (other)

Date: ____________________

APPLICANT INFORMATION
First Name: ____________________ Last Name: ____________________

YOUR INFORMATION
Your Name: _____________________________________________________________
Parish Position: ___________________________________________________________
Address: ________________________________________________________________
City: _______________ State: _________ Zip____________________
Telephone Number (______) ______________  E-mail Address: ____________________

Please give your reasons for recommending this applicant for an NPM Academic Scholarship. Include the benefits that the Applicant and the Parish would receive from this award, and any special considerations that make this Applicant deserving of an NPM Academic Scholarship.

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