



## NPM ACADEMIC SCHOLARSHIPS 2025-2026

### **PURPOSE**

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

### **ELIGIBILITY REQUIREMENTS**

- Must have an active NPM Membership, either at Select, Select Plus, Religious, Clergy, Student, Standard or Premium level
- Part- or full-time enrollment in an undergraduate or graduate degree program during the 2025-2026 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 re-apply but should not assume that renewal is automatic

### **APPLICATION DEADLINE AND DECISIONS**

**Deadline:** Application must be postmarked by **May 15, 2025**

**Decisions:** Applicants will receive notice of the committee's decision by **May 30, 2025**

**Payment:** Recipients will be recognized and interviewed during the Fall for *Pastoral Music* magazine. Payment will be sent via mail by **August 31, 2025**

### **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 Keisna Sosa at [membership@npm.org](mailto:membership@npm.org)
3. Two (2) Letters of Recommendation, one written by your Pastor
4. Completed Financial Need Statement

**NPM ACADEMIC  
SCHOLARSHIPS 2025-2026  
APPLICATION FORM**  
*Please Type or Print Clearly*

Date: \_\_\_\_\_

**PERSONAL INFORMATION**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

NPM Member Number: \_\_\_\_\_

**EDUCATIONAL INFORMATION:**

High School: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

GPA: \_\_\_\_\_

**CONTINUING EDUCATION PROGRAM:**

Hours Completed: \_\_\_\_\_

Field of Study: \_\_\_\_\_

GPA: \_\_\_\_\_ Full or Part-time: \_\_\_\_\_

**DEGREES or CERTIFICATIONS ALREADY**

**COMPLETED:**

**NPM ACADEMIC  
SCHOLARSHIPS 2025-2026  
APPLICATION FORM**  
*Attach additional page(s) if needed.*

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**

**NPM ACADEMIC  
SCHOLARSHIPS 2025-2026  
APPLICATION FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

**INCOME INFORMATION** (*Complete either Section 1 **or** Section 2*)

**Section 1: Single under 24 years old without dependent(s)**

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.*

**NPM ACADEMIC  
SCHOLARSHIPS  
2025-2026 APPLICATION FORM**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

**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: \_\_\_\_\_

# NPM ACADEMIC SCHOLARSHIPS 2025-2026

## APPLICATION FORM

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Application must be postmarked by **Thursday, May 15 2025**  
Return Recommendation Directly to NPM

Keisna Sosa  
Email (preferred): [membership@npm.org](mailto:membership@npm.org)  
Subject: NPM Academic Scholarship  
Reference

**U.S. Mail**  
National Association of Pastoral Musicians  
P.O. Box 007  
Kensington, MD 20895-0007

**NPM ACADEMIC  
SCHOLARSHIPS 2025-2026  
Recommendation Form**

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: \_\_\_\_\_

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Email (preferred): [membership@npm.org](mailto:membership@npm.org)  
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Kensington, MD 20895-0007

**NPM ACADEMIC  
SCHOLARSHIPS 2025-2026  
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: \_\_\_\_\_

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