



# Church Music Institute in cooperation with Brite Divinity School

## Music in Christian Worship

June 17-21, 2013  
Brite Divinity School  
Fort Worth, Texas

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### INSTRUCTIONS FOR SCHOLARSHIP APPLICATION

1. Fill out the Brite Divinity School Non-Degree Seeking Application Form, including the essay, mail one copy to Brite, and attach one copy to this scholarship application. Send both by e-mail, to [ckroeker@churchmusicinstitute.org](mailto:ckroeker@churchmusicinstitute.org), or by mail to Church Music Institute, 7557 Rambler Road, Suite 420, Dallas, TX 75231.
2. Ask a **letter of recommendation** from your faculty advisor (or, if you are not a full time graduate student, from one of your professors, supervisors, or a professional colleague) and instruct her/him to fax it to our office, at 214-361-9715, or mail to the above address.
3. Your application will be considered **complete** when we receive **all** the required documents. **All applications will be considered on a first come, first served basis.**

## SCHOLARSHIP APPLICATION FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Gender:  F  M

Denomination: \_\_\_\_\_

Are you an ordained minister?  Yes  No

Are you working as a church musician?  Yes  No

Who will give you a letter of recommendation?

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

Position: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

**I wish to apply for scholarship aid for:**

- Airfare (list point of origin) \_\_\_\_\_
- Housing for duration of class
- Waiver of \$360 Class fee

**\* NOTE:** Housing will be provided on a double occupancy basis. Families (spouses, partners, and children) are not allowed to room with the student during the duration of the program even if the student is willing to pay for a single room. We want to be sure that the focus remains academic and educational.

The Church Music Institute is able to provide its services thanks to the support of a generous donor, which was contributed to make this Program possible. The goal is to make this course available to students at a cost similar to that at their home institution.

## Church Music Institute and Brite Divinity School Summer Program

### Letter of Recommendation

(Print & give to recommender)

Name of participant: \_\_\_\_\_

I waive my right to read this letter of recommendation.

I do not waive my right to read this recommendation.

Student's signature: \_\_\_\_\_

**TO RECOMMENDER:** Please state how long you have known the student and in what capacity (faculty advisor, professor, other). Clearly state what degree program the student is registered in, how long the student has been in the program, and when s/he anticipates graduation. Assess her/his academic abilities, leadership skills, and commitment to the church & community. If you are a professional colleague, please indicate your assessment of how this course will facilitate the person's leadership in the church.

Name of recommender: \_\_\_\_\_

Position: \_\_\_\_\_

Institution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ - \_\_\_\_\_

☎ Res. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Of. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Please return by mail or fax (or scanned as a .pdf file by e-mail) to:

**Church Music Institute**  
**7557 Rambler Road**  
**Suite 420**  
**Dallas, TX 75231**  
**Tel: 214-751-7669**  
**Fax: 214-361-9715**  
**Churchmusicinstitute.org**  
**ckroeker@churchmusicinstitute.org**