

Application for MAMA Student Sponsorship

Complete the application then email it to mamaexecutive director@gmail.com or send it to MAMA, Inc., PO Box 8754, Madison, WI 53708-8754 ATTN: Scholarships

Personal Information Student Name Street Address Zip Code State City Date of Birth Age Parent/Guardian Name Parent/Guardian Phone Parent/Guardian Email Address **Education Information** School Current Grade Cumulative GPA Focus/Program of Study Desired music program, for which MAMA assistance is requested:

Volunteer/Extracurricular Activitie	es	
Financial Information		
	Number of people living in yo	ur household
Have you previously received assist	tance from this program?	Yes No
What other forms of assistance (outside of MAMA) are you able to acquire?		
Are you able to cover the rest of the cost that MAMA doesn't cover?		
Yes No Maybe	I Don't Know	
Essay		
Describe your musical goals, and w participating in:	hat excites you about the mus	ic program(s) you will be