



MADISON AREA MUSIC ASSOCIATION

Application for MAMA Scholarship in Honor of Clyde Stubblefield

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

Personal Information

Student Name

Address

City

State

Zip Code

Email Address

Phone Number

Date of Birth

Age

Parent/Guardian Name

Parent/Guardian Email Address

Parent/Guardian Phone Number

Education Information

High School

Highest Grade Completed

Focus/Program of Study

Volunteer/Extracurricular Activities

Cumulative GPA

Proposed College/University

Proposed Focus/Program of Study

Financial Information

Annual Household Income

Number of people living in your household

Have you previously received assistance 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?

References

Family Member Name

Family Member Email Address

Educator Name

Educator Email Address

Friend/Colleague Name

Friend/Colleague Email Address

Essay

Describe your musical goals, and what excites you about the music program(s) you will be participating in.