



CURIOUS MUSIC COLLECTIVE

## DREAMER SCHOLARSHIP APPLICATION

**Date of Application:**

### Applicant Information

**Name**

**Age**

**Occupation/Education**

**Which CMC program are you in**

**Name of Applicant's Guardian if under age 18**

### Details of the Scholarship Request

**Scholarship amount requested**

**When and where will the scholarship be used**

**How does the scholarship help the applicant further his/her/their music and artistic development and growth**

**Method of payment if awarded**

### Applicant Contact Information

**Email**

**Phone**

**Address**

### Guardian Contact Information (if applicable)

**Email**

**Phone**

**Address**

### Extra Information

**Any other relevant matters**

**Please list any other supporting documents and submit them along with the signed application form**

**Scholarship Nominee**

Name: ..... Position .....

Signed: ..... Date .....

**Approval of Dreamer Scholarship**

(Each scholarship must be approved by the Curious Music Collective Board)

Name: ..... Position .....

Signed: ..... Date .....

Please contact the office of Curious Music Collective for more information

Tel: 646-704-3693

Email: [sfcmcollective@gmail.com](mailto:sfcmcollective@gmail.com)