

**WYACDA**  
**SCHOLARSHIP APPLICATION FORM**  
**AMERICAN CHORAL DIRECTOR'S ASSOCIATION CONVENTION**

*Please print or type clearly*

Convention City \_\_\_\_\_ Convention Dates \_\_\_\_\_

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Office Email \_\_\_\_\_ ACDA Member # \_\_\_\_\_ Exp. \_\_\_\_\_

Home Email \_\_\_\_\_ Office Phone \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_

Level(s) of current instruction (check as many as apply)

\_\_\_\_\_ Elementary \_\_\_\_\_ Middle School \_\_\_\_\_ Junior High \_\_\_\_\_ High School \_\_\_\_\_ College

Choirs under your direction (check as many as apply)

\_\_\_\_\_ Children's \_\_\_\_\_ Women's \_\_\_\_\_ Men's \_\_\_\_\_ Mixed \_\_\_\_\_ Church \_\_\_\_\_ Other?

Have you applied for scholarship assistance from WYACDA before? \_\_\_\_\_ When? \_\_\_\_\_

Have you attended a regional or national ACDA Convention before? \_\_\_\_\_ Where? \_\_\_\_\_

Reason(s) you are applying for scholarship \_\_\_\_\_

Applicant Signature \_\_\_\_\_

Mail to: Lessa Kuhlmann, 1375 James Dr., Rock Springs, WY 82901 – 307.352.3440 (W) 307.362.8981 (H)

*Please do not write below this line*

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**WYACDA COMMITTEE ACTION**

\_\_\_\_\_ Approved \_\_\_\_\_ Amount granted applicant \_\_\_\_\_

\_\_\_\_\_ Not Approved Reason \_\_\_\_\_

WYACDA President \_\_\_\_\_

WYACDA Treasurer \_\_\_\_\_