



## **CLEF Summer Program Scholarship Application Packet**

The CLEF Summer Program Scholarship covers tuition plus room and board for applicants to attend the CLEF Summer Program. This scholarship is valued at \$969.

The application deadline for 2025 scholarships is May 2, 2024. Applicants will be notified of their award status by at least 45 days prior to the start of the program. Email any questions to [scholarships@clef.life](mailto:scholarships@clef.life).

### **Your application must include the following items:**

- A completed CLEF Summer Program Scholarship Application
- Two (2) completed Letters of Reference from non-family members (see form provided in this packet)
- A Verification of Enrollment from current Pastor/School Principal/Organizational Head (see form provided in this packet)

### **Submission Process**

Please scan and email the completed application, including two Letters of Reference forms and the Verification of Enrollment form, to [scholarships@clef.life](mailto:scholarships@clef.life). You may also print and mail all documents to:

CLEF Scholarship Committee  
% Mary Lou Cantrell, CLEF Director  
7105 Calamo Street  
Springfield, VA 22150

### **Selection Process**

Once received, applications will be reviewed to confirm that:

- The applicant meets eligibility requirements.
- The application form was submitted prior to the application deadline.
- All supporting documents have been received.

Scholarship applicants will be notified by email of their application status no later than 45 days before the start of the event. Selected applications will be required to submit a signed agreement to attend the program after they receive notification of their scholarship.



## CLEF Summer Program Scholarship Application

Applicant Name \_\_\_\_\_  
Address \_\_\_\_\_  
Email Address \_\_\_\_\_  
Phone Number (Cell) \_\_\_\_\_  
Parish Name \_\_\_\_\_  
Parish Address \_\_\_\_\_  
Music Ministry Role \_\_\_\_\_  
Length of Service at Current Parish \_\_\_\_\_

**Have you ever attended a CLEF Summer Program, Bobby Fisher Ensemble Formation Program (BFEFP), or other similar music program before?**

YES / NO    If yes, when? \_\_\_\_\_

**Describe your experience in music ministry:**

**Have you attempted to secure funding from your parish, school, or other sources?**

*Please complete the two short essays and agreement on the following page.*

**Describe your financial need and how attending the CLEF Summer Program will benefit you personally:**

**Describe how attending the CLEF Summer Program will benefit the music ministry for your organization:**

If awarded this scholarship, I agree to furnish CLEF with a written and/or recorded reflection on what I experienced during the CLEF Summer Program and how attending this program will impact my music ministry. This reflection will be provided no later than 30 days after the conclusion of the event and may be used by CLEF to promote future programs and the scholarship program.

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Signature

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Date



**Letter of Reference for CLEF Summer Program Scholarship**

<b>Applicant</b> _____	<b>Recommender</b> _____
<b>Address</b> _____	<b>Parish Name</b> _____
<b>Date</b> _____	<b>Parish Address</b> _____

The individual named above has applied for scholarship support to attend the Catholic Liturgical Ensemble Formation (CLEF) Summer Program and has given your name as a ministry and home parish reference. The availability of scholarship support is limited and based on the current level of funds, so we are not able to assist everyone who applies. We request your cooperation in helping us to make the best possible informed decision so that assistance can be given to persons who are most deserving and who have substantial need.

Please complete this two-page form and return it to the applicant for submission with their application packet. Your comments will be held in confidence by the scholarship committee.

**What is the length and nature of your acquaintance with this applicant?**

**Circle the response that best describes your opinion based on your personal acquaintance.**

Can this applicant be given the time away from ministry responsibilities to attend the CLEF Summer program?	Yes	No	Unsure
This applicant has been trusted to be a steward of resources.	Yes	No	Unsure
This applicant is likely to use and share things that are learned.	Yes	No	Unsure
This applicant can independently travel to and from the CLEF Summer Program in Milford, Ohio.	Yes	No	Unsure

*(continued on next page)*

*(Letter of Reference for CLEF Summer Program Scholarship, page 2)*

**What can you share about this applicant's experience or achievement:**

In liturgical music?

In working in cooperative groups?

In leadership?

In service to others?

**What can you tell us about this applicant's parish?**

Describe the level of support for liturgical music ensembles as part of community worship.

Approximate number of families served?

Numbers of song leaders, vocalists, and instrumentalists?

Ability to financially support the applicant with travel costs to the CLEF Summer Program?

In your opinion, in what ways can this applicant and parish benefit from financial assistance to attend the CLEF Summer Program?

Signature \_\_\_\_\_ Date \_\_\_\_\_



## Verification of Enrollment and Participation

The individual named below has applied for a scholarship to attend the CLEF Summer Program and requires verification of enrollment and participation in music ministry to complete their application. The demand for our scholarships is so great that we are not able to assist everyone who applies, and we are asking for your cooperation in helping us make the best possible decision in awarding scholarships.

**Please complete the verification below and return it to the applicant to submit with their scholarship application packet.**

Applicant Name \_\_\_\_\_

Parish/School/Organization Name \_\_\_\_\_

I verify that the applicant named above is a registered member of our parish/school/organization and is an active member of our music program.

Verifier Name \_\_\_\_\_

Title/Position \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_