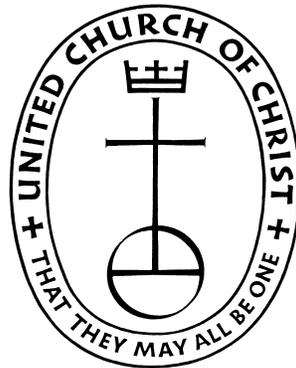


**THE MISSIONARY SOCIETY OF CONNECTICUT/  
HISTORIC CONNECTICUT CONFERENCE, UCC**

**CYNTHIA WHEELER CARR  
SACRED MUSIC SCHOLARSHIP**

**APPLICATION for  
Academic Year – 2020/2021**

**APPLICATION DEADLINE: JULY 15, 2020**



This sacred music scholarship, established in 1976, is designed to aid a person of any age intending to further her/his skills in some aspect of sacred music at institutions of higher education.

Cynthia Wheeler Carr grew up in the United Church of Christ Churches of the Hartford Area, was a voice major at Oberlin College, and graduated from Union Seminary's School of Sacred Music. Death at the age of 28 made her life short in years, but her concern for others lives on through this fund, which was established and is maintained by her family.

**APPLICATION FOR CYNTHIA WHEELER CARR SACRED MUSIC SCHOLARSHIP**

**Applicants must :**

1. Be attending an accredited program furthering their skills in some aspect of Sacred Music
2. Students studies must show that they will enhance the worship services in the United Church of Christ
3. Submit a current college/seminary transcript or acceptance letter
4. Include 2 letters of recommendation from persons who are acquainted with your goals, ability, and need (i.e. Pastor and some other qualified person, such as a teacher, etc.)

(Please Note: if all required materials are not in by due date, the application will not be accepted.)

***Return this application and required attachments to:***

**Mail or Email TO:**  
**Attention: Jill Ford**  
**Southern New England Conference, United Church of Christ**  
**125 Sherman Street**  
**Hartford, CT 06105**  
[fordj@sneucc.org](mailto:fordj@sneucc.org)  
**860-761-7112**  
**FAX (with cover sheet!): 860-231-8111**

**PART A: Personal Profile**  
*Please print or type carefully.*

1. Name (Last, First, Middle Initial)	
2. Mailing Address	
3. City, State, Zip	4. Email
5. Church Membership	
6. Name of school attending	7. What degree are you pursuing?
8. Total cost this year of the program for which scholarship aid is needed:	
9a. Year graduated from High School:	9b. If in College - Year in school you will be in the Fall: <input type="checkbox"/> First <input type="checkbox"/> Second <input type="checkbox"/> Third <input type="checkbox"/> Fourth <input type="checkbox"/> Other
10. Expected Date of Graduation from the program you are applying for aid:	11. Have you had previous financial help from the Conference?  What year(s)?
12. Single, married, separated, divorced, partnered?	13. Can someone claim you as a Dependent?    YES / NO 13b. Do you have dependents?    YES / NO Age (s):
14a. Are you currently employed? F/T or P/T?	14b. If so, where?
15a. Do you expect to work during the coming school year? F/T or P/T?	15b. Doing what?
16a. Will your spouse/partner/guardian(s) be employed? F/T or P/T?	16b. If so, where?
17. Have you been awarded other scholarships for this coming academic year?	18. Please list Other sources of income for your musical education:
<b>19. ESTIMATED TOTAL HOUSEHOLD EXPENSES for the school year (include tuition, Rent/mortgage, auto, child support/care, etc.):</b> \$	<b>20. ESTIMATED TOTAL HOUSEHOLD INCOME for the school year (include income, spouse/partners income, child support, rental income, scholarships, etc.):</b> \$

**21. How will your studies enhance worship in the United Church of Christ?**

**22. Which type of Sacred Music setting do you anticipate serving in?**

**23. Describe your musical background and training:**

**24. Describe your plan for financing your music education and any special factors or circumstances you would like us to consider:**

Per the policies by the Historic Connecticut Conference all scholarships are administered under the authority and direction of the Missionary Society of CT Board of Directors. If awarded, this scholarship will be distributed directly to the recipient's school, UNLESS such distribution will result in an offsetting reduction of other scholarships. If funds are not sent directly to schools, recipients will need to provide documentation that the funds were used for appropriate academic expenses.

Acknowledgment:

Applicant's Signature

Date

X \_\_\_\_\_

If awarded, Check is to be made out to: School Name or Applicant (please circle)

\_\_\_\_\_

Address check is to be mailed to:

Attention to: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

Town, State, Zip: \_\_\_\_\_