



VIVRE LA MUSIQUE - LET'S MAKE MUSIC

85 chemin Cammac, Harrington, QC J8G 2T2  
1-888-622-8755 / 819-687-3938 Fax 819-687-3323  
[national@cammac.ca](mailto:national@cammac.ca) [www.cammac.ca](http://www.cammac.ca)

## CAMMAC BURSARY APPLICATION – 2016

Dear candidate, please note that **ALL** information must be provided on this form in order for your application to be considered. The Bursary Committee will contact you at the **beginning of June** concerning your application. **Please do not call the National Office for results.**

Bursaries are not provided for the full amount of registration fees and are intended to supplement the amount paid by the participant. The participant must take the full program. Participants who request a private bath or private room are not eligible. With the exception of camping, lodging will be selected by the CAMMAC office. Staff dependants are not eligible.

The amount available in the bursary budget, as well as the number of applicants, varies from year to year. As such, we regret that bursaries may not be awarded to all applicants.

All bursary applications are evaluated in complete confidentiality. Names of applicants and their contact information are not made available to the Bursary Committee.

Please send this application along with a copy of your registration form to the Bursary Committee at the address below:

CAMMAC Bursary Committee  
85 chemin CAMMAC  
Harrington, QC J8G 2T2

e-mail: [national@cammac.ca](mailto:national@cammac.ca)

fax: 819-687-3323

**DEADLINE: May 1<sup>st</sup>, 2016**

**N.B.: Bursary applications received after the deadline will be considered should funds still be available.**

**TYPE OR PRINT ONLY (please print neatly)**

**1. PERSONAL CONTACT INFORMATION:**

NAME

ADDRESS

CITY

PROV.

POSTAL CODE

TELEPHONE

CELL PHONE

E-MAIL

PLEASE INDICATE THE WEEK FOR WHICH YOU WOULD LIKE TO COME

**2. NAMES OF ADDITIONAL FAMILY MEMBERS WHO WILL BE ATTENDING CAMMAC WITH THIS BURSARY:**

- |         |     |
|---------|-----|
| 1. Name | Age |
| 2. Name | Age |
| 3. Name | Age |
| 4. Name | Age |
| 5. Name | Age |

**3. YOUR SITUATION:**

BRIEFLY DESCRIBE YOUR INTEREST IN COMING TO CAMMAC AND WHY YOU FEEL YOU NEED A BURSARY.

**4. DID YOU ATTEND CAMMAC IN THE PAST?**

IF SO IN WHAT YEAR(S):

**5. DID YOU RECEIVE A BURSARY FROM CAMMAC IN THE PAST?**

IF SO IN WHAT YEAR(S)?

AMOUNT(S)

**6. QUESTION FOR STUDENTS ONLY (18-21 YEARS OF AGE)**

NAME OF SCHOOL:

LEVEL:

PROGRAM:

a) IN GENERAL, WHAT ARE YOUR MEANS OF SUPPORT?  
(NOTE THE APPROXIMATE PERCENTAGE FOR EACH)

FAMILY	%	BURSARIES	%	LOANS	%
SAVINGS	%	SUMMER JOB	%	PART TIME JOB	%

b) CAMMAC STUDENT RATES (REFER TO OUR WEBSITE):

MUSICAL PROGRAM

LODGING

TOTAL (INCLUDING TAXES)

c) DO YOU PLAN ON CAMPING?

**7. QUESTIONS FOR ALL APPLICANTS** (if applying on behalf of a child please answer concerning the child's family situation).

a) WHAT IS YOUR ANNUAL INCOME?

b) IF YOU ARE MARRIED OR LIVING WITH A PARTNER, WHAT IS YOUR COMBINED INCOME?

c) HOW MANY PEOPLE ARE THERE IN YOUR HOUSEHOLD?

d) DO YOU OWN YOUR HOME?      RENT      PARENTS PAY FOR ME

e) OCCUPATION

f) PLEASE INDICATE THE NAME AND AGE OF ALL FAMILY MEMBERS WHO LIVE WITH YOU.

g) CAMMAC RATES FOR THOSE WHO WILL BE ATTENDING CAMMAC (Refer to our [website](#))

MUSIC PROGRAM

LODGING

TOTAL (INCLUDING TAXES)

h) DO YOU PLAN ON CAMPING?

**8. WHAT IS THE MINIMUM YOU BELIEVE WOULD BE REQUIRED IN ORDER FOR YOU TO ATTEND THE MUSIC CENTRE?**