



AACTMAD Scholarship Application Form

Name: _____ Date: _____

Membership Scholarship: This will introduce non-member individuals to our community-based organization of traditional music, dance, and song by providing benefits of a one-year AACTMAD regular membership. Recipients receive the benefits of a regular paid member and, in return, are expected to participate in and volunteer at one or more AACTMAD activities during the scholarship year. Eligible individuals must have never been a member of AACTMAD or have not been a member for at five years.

1) Have you previously been a member of AACTMAD? _____

If so, when did your prior membership end? _____

2) Please identify the AACTMAD member who has nominated you for this Scholarship?

Name: _____

3) Are you willing to volunteer to help in at least one AACTMAD sponsored event during your scholarship year? _____

4) Please indicate the nature of your help (e.g., run the gate, assist with refreshments, clean up, sound system, not sure) _____

For further information about AACTMAD scholarships, please contact Greg Meisner at 734-717-8253 or gpmisner@hotmail.com, Fred Karsch at fjkarsch@umich.edu.