



ARRANGER CERTIFICATION PROGRAM (ACP) SCHOLARSHIP APPLICATION

Hello and thank you for your interest in the Arranger Certification Program Scholarship!

Please complete and return the Scholarship Application, List of References and Information Release form, plus three required arrangements (as outlined below) and the \$100 USD application fee by **September 15** to:

Sweet Adelines International
Music Services Department
9110 South Toledo Ave.
Tulsa, OK 74137

Fax: 918-388-8083
Email: music@sweetadelines.com

Following are the guidelines for your required arrangements:

1. Please submit PDF files of three arrangements and indicate category on each:
 - a. Barbershop Ballad
 - b. Barbershop Uptune
 - c. Free choice

Note: Your two barbershop choices will be barbershop arrangements for female voices without extended solos and with the melody primarily in the lead part.

2. All three arrangements must be accompanied by original sheet music.
3. Your arrangement of any song that has been published by Sweet Adelines may be submitted, provided that you do not use the SA arrangement to help you during the arranging process.
4. Your own original composition will be accepted as your free choice submission only. A lead line with intended harmony should accompany any original submission.
5. Applicants are required to work from their own knowledge base to create the three arrangements needed for this application.

Best wishes for your success in this endeavor. If you have any questions, please email music@sweetadelines.com or call 1-800-992-7464.



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1.	Name	
2.	Member Number	
3.	Chapter	
4.	Region	
5.	Address City, State, Zip, Country	
6.	Home phone	
7.	Mobile phone	
8.	Email	
9.	Year joined Sweet Adelines International	
10.	Has your affiliation been continuous since that time?	
11.	Former member of the following chapter(s)	
12.	What part(s) do you sing?	
13.	Please indicate the areas where you have experience as a member of Sweet Adelines International.	<input type="checkbox"/> Chorus Director <input type="checkbox"/> Assistant Chorus Director <input type="checkbox"/> Chapter Administration <input type="checkbox"/> Regional Leader <input type="checkbox"/> Quartet Member <input type="checkbox"/> Quartet Coach <input type="checkbox"/> International Faculty Program <input type="checkbox"/> Director Certification Program <input type="checkbox"/> International Judging Program Judge in _____ Category <input type="checkbox"/> Other _____



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14.	Formal Musical Education (please list)	
15.	Other Musical Education (please list)	
16.	When (approximately) did you begin arranging?	
17.	What caused you to become interested in arranging?	
18.	What was the first song you arranged?	
19.	Who, if anyone, has assisted you with your arranging?	



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20.	Name of any group(s) that have performed or are performing your arrangements?	
21.	Approximately how many arrangements have you done in the past year?	
22.	Please list the titles of some of the arrangements you have completed.	
23.	Why are you interested in entering the SA Arranger Certification Program?	
24.	List the three arrangements being submitted with this application and identify each as either a barbershop uptune, barbershop ballad, or free choice.	
25.	Describe your knowledge/ comfort level with technology, such as computer use (printing, scanning, using .pdf files, and email), music notation software, video conferencing such as Skype, and whether you use a PC or a Mac computer.	



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26.	Should you be awarded the \$1500 USD scholarship, how do you envision using these funds in the first year?	
27.	Additional Comments:	
28.	<p>Acknowledgement of Responsibility</p> <p>I hereby agree that if accepted into the scholarship program, I will do my utmost to progress toward certification in the Arranger Certification Program by dedicating the time and assets required to participate fully in the training and contribute arrangements to the organization's published music. In addition, I will support Sweet Adelines International's policy on copyright.</p>	
29.	Applicant Signature:	Date



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LIST OF REFERENCES

Applicant Name _____

Please list three people who are familiar with your arrangements that may be contacted about your application to the Arranger Certification Program scholarship.

1. _____
Name

Address

City/State/Province/Zip

Phone

Email

2. _____
Name

Address

City/State/Province/Zip

Phone

Email

3. _____
Name

Address

City/State/Province/Zip

Phone

Email



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Information Release Form

I hereby give you permission to complete a reference form furnished by Sweet Adelines International, and to release the form with recommendations to Sweet Adelines International. A photocopy of this form is as valid as the original.

Signature of Applicant	Date
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