Sponsoring Institution Application for the AAM Gerre Hancock Internship

for the 2020-21 Academic Year. Please submit this application to:

Internship@anglicanmusicians.org by Friday, November 15, 2019.

MENTORING INSTITUTION

 Institution Name

 Address

 Telephone

 Website

 Contact person

 for this application

 Job title

 Telephone

 Fax

 Email address

Proposed dates of internship *(Grants are ten months in length)*

***Please add space as needed throughout the remainder of the application,***

***except where specified otherwise.***

Concisely stated, what distinguishes your institution as a whole?

MUSIC DEPARTMENT

Music Staff *(List all music staff and their job titles.)*

*Please list all:*

Choirs / Rehearsals / Weekly or occasional services *(specify frequency)* for which each is responsible

Concerts and/or Recitals *(Please list type and frequency.)*

Please briefly describe your worship and rehearsal facilities, including available instruments.

Concisely stated, what distinguishes your music program from others?

INSTITUTION’S MENTORING COMMITMENT

What will your intern’s duties be? *(Please be specific.)*

Who will your intern’s principal mentor be?

 How will s/he interact with the intern? *(Please be specific, enumerating both active and passive means by which you intend to mentor an intern.)*

Will there be secondary mentors, and if so, who will they be? *(Please give names & job titles.)*

How will they interact with the intern? *(Please be specific, enumerating both active and passive means by which you intend to mentor an intern.)*

FINANCIAL INFORMATION

Institution’s legal name

Tax ID #

Annual Institutional operating budget

Annual Music department budget

***Please give details regarding the financial commitment your institution commits to make to the AAM Gerre Hancock Fellow, should your church be designated the site of the Internship.***

 **Salary**

 *(Do not include the $16,000 AAM grant in the salary number you give above. Your contribution to salary must be at least $16,000, to match the amount provided by the AAM.”)*

 **Housing**

 **Healthcare Provider**

 **Coverage type**

 **Monthly cost of policy**

 **% of premium you pay**

 **Other financial support** *(if any)*

CERTIFICATION

*I have read and understand the terms and conditions of institutional participation in the AAM Gerre Hancock Internship Grant as set forth in the “AAM Gerre Hancock Internship Grant: Policies, Guidelines, and Procedures.” I certify that I am entitled to sign on behalf of my institution and that my institution will abide by the aforementioned terms and conditions. I realize that failure to do so would result in immediate termination of the grant.*

Name *(please type or print)* Title

Signature Date

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Principal Mentor’s Statement

Principal mentor’s name *(please type or print)* Title

Signature Date

*In the space provided on the remainder of this page, please tell us:*

*Why do you want to sponsor an AAM intern?*

*What do you believe especially qualifies your institution to mentor a church music intern, and what sets your institution apart from others?*

*Please enumerate and describe both active and passive means by which you commit to mentor your intern, should you be granted the award.*

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Clergy Statement

Clergy name *(please type or print)* Title

Signature Date

*In the space provided on the remainder of this page, please tell us:*

*Why have you agreed to support this application to sponsor an AAM intern?*

*What do you believe especially qualifies your institution to mentor a church music Intern, and what sets your institution apart from others?*

*How do you believe a church music Intern will benefit from spending ten months being mentored by your institution, and what role will non-music staff members play in your intern’s mentoring experience?*