



Asian Institute for Liturgy and Music

275 E. Rodriguez, Sr. Blvd, Cathedral Heights, Quezon City, Philippines 1112

PHOTO

(please type or print legibly all information requested)

Tick the course you are applying to:

- Worship Associate
 Bachelor in Church Music
 Master of Theology in Liturgy and Music/Master in Church Music

Name (Surname, First, Middle)									
Permanent Address									
Mailing Address									
Birthday (dd/mm/yyyy) <table border="1" style="width:100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> <td style="width: 20px;"> </td> </tr> </table>									Place of Birth
Citizenship	Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow/er <input type="checkbox"/> Divorced If married, name of spouse:								
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female									
Name of Parents/Guardian									
Address (if different from yours)									
Telephone	Fax								
E-mail	Mobile								
Passport Number	Valid Until								
Date of Issue	Place of Issue								
Church Affiliation / Denomination									
Church Address									
Position in Church <input type="checkbox"/> Pastor <input type="checkbox"/> Conductor <input type="checkbox"/> Organist <input type="checkbox"/> Others, please specify	<input type="checkbox"/> Liturgist <input type="checkbox"/> Choir Member <input type="checkbox"/> Accompanist								

Schools Attended	From / To	Cert. Completed

Language Proficiency (Please indicate if poor, fair good, or very good at reading or speaking).		
Language	Reading	Speaking

Musical Education and Experience Please indicate teachers, type of instrument or voice, studied, length of studies, major performances, composition and other information you believe will help us in evaluating your application. Please attach an extra sheet if necessary.

Experience in Liturgy and Music. Please state if you have experiences in preparing or planning a worship activity and the nature of your participation, e.g. selection of music, readings, whole service, reflection/homily, etc.

Explain your reasons for wanting to study at AILM. (Please use a separate sheet, if necessary).

How do you expect to use your training at AILM in helping your church?

How long do you plan to study in AILM? _____

How do you expect to support your studies? _____

Have you applied for scholarship with any agency? _____

If yes, state name and address of agency. _____

I hereby confirm that the informations I have provided in this application are true and correct.

Date:

Signature of Applicant

Please submit this application together with the following requirements:

- Application form
- Transcript of records of last school attended
- Recommendation from Pastor or Bishop
- References from music teachers, priest/pastor
- Comprehensive Medical Clearance by a licensed medical officer
- 1" x 1" pictures, 3 copies

And for foreign applicants, the above requirements and:

- Police clearance authenticated by the Philippine embassy
- Confirmation of scholarships or guarantee of support from institution, agency or individual responsible for the cost of studies
- Transcript of records authenticated by the Philippine embassy.

Send this application form together with the requirements to:

ASIAN INSTITUTE FOR LITURGY AND MUSIC (AILM)

COMMITTEE ON ADMISSION

The Registrar

AILM at Samba-Likhaan

P.O. Box 10533, Broadway 1141

Quezon City, Philippines

Or e-mail the requirements to academics@sambalikhaan.org with the necessary documents scanned as PDF or in JPEG form.