

New Grant

Application Summary

* Are you a member of SOCAN?

Please Select

▼

* SOCAN ID Number:

A

Z

* Title of Activity

A

Z

PROJECT DETAILSFINANCIAL INFORMATIONCONDITIONS

* What type of Activity will you attend?

Please Select

▼

* Start Date

yyyy-mm-dd

?

A

Z

* End Date

yyyy-mm-dd

?

A

Z

* Total number of Canadian songwriters / composers:

If not applicable, indicate '0'

Hosting Organization

If applicable

A

Z

Hosting Organization Website

If applicable

A

Z

* Where will the activity take place?

City

A

Z

Address

A

Z

Province

A

Z

Postal Code

A

Z

Country

A

Z

* Describe the project activity

?

A

Z

* Describe how this project will have an impact on your career development?

A

Z

▼ Additional Questions

* In what genre of music are you most associated with?

Please Select

▼

Upload CV (pdf)

If applicable

Click Save before adding attachment

≡

JUMP TO

Additional Questions