

NOTE: PLEASE SEND 3 copies total (original and 2 copies) OF THIS COMPLETED APPLICATION TO ABOVE ADDRESS

Scholarship Application – Postmark Not Later than April 5th, 2017

Your Name: _____ Phone: _____

Mailing Address: _____

City/Town: _____ State: _____ Zip Code: _____

Field of Scottish Arts or Culture for which this scholarship is sought: _____

How long have you been studying/training in this area of Scottish Arts? _____

What is the name and address of your current teacher? _____

How long have you been studying with this teacher? (Include a reference from your current teacher, page 3) _____

NOTE: In order to avoid any appearance of conflict of interest, if you take lessons from your parent, please send a reference from another qualified teacher in your field of study. PLEASE NOTE: Letter must be signed. Computer generated signatures will not be accepted.

How many hours per week do you practice? _____

At what skill level or grade are you now classified? _____

Are you studying in another arts program that contributes to your study in this area of Scottish Arts? _____

If so, what & where? _____ For how long have you studied in this area? _____

In what other, if any, Scottish cultural activities or performing arts do you participate? _____

Have you competed or performed at the NH Highland Games in the last three years? _____

List the years competed/performed: _____

Goals & Objectives

What is your objective this year? _____

What are your long-term goals? _____

For what purpose (i.e., school, workshop, lessons, etc.) will you use this grant, if awarded? _____

Program Details

Name of School: _____

Contact: _____

Mail Address: _____

City/Town: _____ State _____ Zip Code _____

Where will the school/classes be held? _____ Application Deadline: _____

Date(s) you plan to attend: _____

Tuition of Program or Cost Per Lesson _____ (US\$) Room & Board, if stated separately \$ _____

Amount of Assistance you are requesting: \$ _____

List other scholarship/grant sources to which you have applied: _____

If awarded a scholarship, I will, to the best of my ability, complete the program intended and will immediately notify the SSFNH Education and scholarship committee and the School, if, for any reason, I am unable to attend.

Signed _____ Date: _____

Parent/Guardian Signature if you are under 18: _____

Your Name: _____

Do you belong to a pipe band, dance troupe or other performing/competing group? _____

Name of Band/Group: _____

How long have you been with this Band/Group? _____

If this is a Pipe Band, what is its current grade: _____

Has this band competed at the NH Highland Games in the last three years? _____

List the years competed: _____

List any functions, groups, schools at which you have performed this year: _____

List any other Scottish Arts in which you participate: _____

Special Achievements Last Year: (personal progress, award or honor, teacher certification, etc.) _____

Current Teacher:

Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

If less than one year with current teacher, former teacher name and address: _____

In your field of Scottish Arts:

Do you also teach? _____ If yes, number of students: ____ In what geographic area: _____

Have you received a scholarship from the Scottish Scholarship Fund of New Hampshire before? _____

If yes, what year(s) was the scholarship awarded? _____

Additional Information: To help the committee to know you better, please include a few paragraphs about yourself. You may provide more information below or in an additional page.

Student's Name: _____

Sponsor's Recommendation

Reference Information – To be completed and **signed** by the sponsor/teacher. PLEASE NOTE: COMPUTER GENERATED SIGNATURES WILL NOT BE ACCEPTED

About You, the Sponsor

What specialty of Scottish Arts do you teach or lead? _____

Teacher or sponsor name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone: () _____

As an individual, how many years have you been a competitor or participant in this field? _____

What is your current skill level or grade? _____

Do you belong to a pipe band or other group? _____

If yes, name of band or group: _____

As a teacher, how many years have you been teaching this specialty? _____

How many students? _____

How often do you conduct classes? (daily, weekly, etc.) _____

What criteria do YOU use to measure a student's progress and promise: _____

About the Applicant you are recommending:

Please write a reference for the above student addressing at least the following:

What is your relationship to the applicant? (i.e., teacher, pipe major, music director, etc.) _____

How long has the applicant studied with you? (number of weeks, months or years) _____

What progress has the student made since you've been teaching him or her? _____

If you are not the student's regular teacher, what is your assessment of the applicant?

At what skill level or grade is the student classified if applicable? _____

Describe the student's potential for excellence _____

What is your opinion of the student's commitment and dedication? _____

Sponsor's Signature: _____

Date: _____

You may expand on any of these questions or add insight of your own on an additional signed & dated page. Sponsor's Recommendation must be included with the application. The complete application (see instructions) **must be postmarked no later than April 5th, 2017**



Scholarship Committee
c/o Jo-Ann St.Pierre
4 Bridge Street
Berwick, ME 03901-2212

Due March 31, 2016

1. Please send original and 3 copies (4 total) of your application to the above address.
2. **Please enclose a self-addressed stamped envelope for notification!!!! If you do not send a SASE, you will not be notified.**
3. Please enclose any other references or teacher letters with your application.

TEACHER'S LETTER OF REFERENCE MUST BE SIGNED BY THE TEACHER. COMPUTER GENERATED SIGNATURES WILL NOT BE ACCEPTED.

4. To avoid any appearance of conflicts of interest, if you take lessons from a parent, please enclose a recommendation from another qualified instructor in your field of Scottish Arts study.
5. **All** pages of application must be submitted.

To avoid any delay in the consideration of your application, please ensure that all the above requirements are met.

Note to Schools/Instructors: Application may be copied for distribution to deserving students currently studying Scottish Arts with you or your organization.

Scholarship Review Committee
Judith Beliveau
Marjorie Grant
Heather MacDonald
Jo-Ann St. Pierre

Scottish Scholarship Fund of New Hampshire- Evelyn M. E. Murray Scholarship Fund
c/o Jo-Ann St. Pierre, 4 Bridge Street, Berwick, ME 03901-2212

Please sign the permission statement if you wish to allow the Scottish Scholarship fund of New Hampshire to use your/or your son's/daughter's photo on our web site if you/ they are selected for a scholarship. No personal information will be given out , only photos of recipients will be put on the site.

PERMISSION TO USE PHOTOGRAPH

I _____ hereby give permission for the Scottish Scholarship Fund of New Hampshire to
Name

Use my picture/my son/daughter's (if under 18) picture _____ on their website.

Name of minor child

I understand that no other personal information will be used with the photo.

Signature

Date