



Scottish-American Society of Central Florida
APPLICATION FOR SCOTTISH ARTS SCHOLARSHIP

Please return this form to the address below. Thank you for your interest.

APPLICATION

Date

Applicant's Name Age

SASCF Sponsor (if applicable)

Address

City State/Zip

Telephone Email

Check Appropriate Box

- | | |
|--|--|
| <input type="checkbox"/> Highland Dancer | <input type="checkbox"/> Piper |
| <input type="checkbox"/> Drummer <input type="checkbox"/> Snare <input type="checkbox"/> Tenor <input type="checkbox"/> Bass | <input type="checkbox"/> Scottish Country Dancer |
| <input type="checkbox"/> Other (Please Identify) | |

How long have you been involved in this activity?year(s)

Present Teacher's Name:

Do you compete? YES NO Present competition grade

Awards received for preceding two (2) years:.....
(If you need additional space, attach separate sheet.)

Activity/school for which scholarship is sought

Amount requested \$_____

Are you affiliated with a pipe band or dance school? YES NO

If so, name Present band or dance grade

**PLEASE ATTACH TO THIS FORM A STATEMENT (minimum 150 words)
INDICATING WHY YOU SHOULD BE CONSIDERED AS A RECIPIENT OF A SCHOLARSHIP.**

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