

WABASH VALLEY SCOTTISH SOCIETY



Non-renewable \$500 Scholarship For the study of Scottish music, dance and cultural lore

Applicant Requirements

1. Must be a U.S. citizen
2. Must be a minimum of 12 years of age
3. Send a 500 - word essay about yourself
4. Send two (2)) letters of recommendation
5. Must show proof of certification of instructor(s)
6. Include a 4 x 6 photo of yourself

All scholarships will be paid directly to the qualified institution or instructor

Submit completed application:
Wabash Valley Scottish Society
P.O. Box 3626
Terre Haute, IN 47803-3576

CULTURAL SCHOLARSHIP APPLICATION

CONTACT INFORMATION

_____/_____/_____
Full Name (Last, First, MI)

_____()_____
Current Mailing Address Current Telephone Number

_____()_____
Permanent Address Permanent Telephone Number

County of Residence: _____ E-mail Address: _____

PERSONAL INFORMATION – SCHOLARSHIP AWARDS

Name of Scholarship	Awarded by:	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

PERSONAL INFORMAN (Optional)

Gender: _____ Male _____ Female

Marital Status: _____ Single _____ Married _____ Separated _____ Divorced

SCHOLARSHIP PAYMENT INFORMATION

Name of certified teacher or institution _____

Address _____

Street/P.O. Box

City

State

Zip Code

Contact Name _____

Telephone

E-mail address

RECOMMENDATIONS INFORMATION

Name two people who you have asked to support your application with letters of reference

Name _____

Telephone

E-mail address

In what capacity does this person know you? _____

Name _____

Telephone

E-mail address

In what capacity does this person know you? _____

STUDENT CERTIFICATION

My signature below certifies that the information provided in this application and in all accompanying documents, is accurate and complete to the best of my knowledge. I authorize the Wabash Valley Scottish Society to verify any information contained in this application.

Signature: _____ Date: _____

PARENT OR LEGAL GUARDIAN CERTIFICATION (If applicable)

My signature below certifies that the above-named minor is my son/daughter or legal ward, and I hereby give my permission for him/her to apply for this scholarship.

Signature: _____ Date: _____