

Scottish Arts Scholarship Application Instructions

Chair: Jennifer Graham Haskell

Email: jghinvail@gmail.com

1. Two \$250 scholarships shall be awarded for students of Scottish arts only, such as dancing, piping, fiddling, drumming, etc. Grants in other areas are not available. All applicants must have a minimum of two years' experience in their specialty. **Age is not limited but preference will be given to those who are 22 years of age or younger.**
2. Decisions of the scholarship committee will be based on the applicant's objectives, commitment, demonstrated proficiency, anticipated development, and future goals. Each applicant must include a personal statement describing how you came to choose your Scottish Art, what you have learned through your practice, and in general address your passion and journey for the art. The scholarship is open to any person regardless of race, creed or gender. We give preference to those of Graham descent.
3. **A recommendation** by your current teacher is a necessary part of this application. Also, include a reference from your previous teacher if you have been studying with the current teacher less than a year. The recommendation should state the teacher's position (i.e., dance instruction, pipe major, music director, etc.), the length of time the applicant has studied with the teacher, and the teacher's signature. It should address the applicant's skill level: progress made this year, commitment, demonstrated proficiency, and the anticipated development. No application will be considered without this letter of recommendation. To give the applicant more control over the application process, we require the applicant to obtain the letter of recommendation and include it with his/her application.
4. **Your application must be submitted no later than March 31st** each year to be eligible for consideration by this committee. All materials should be submitted *via email* to the address above as PDFs (performance pictures may be submitted in picture format, e.g., JPEG).
5. **The scholarship committee will determine scholarship award winners on or before May 31st** each year. All applicants will be notified of the committee's decision by that date via email.
6. **Grants will be made payable to the school**, teacher or camp and will be mailed to the applicant. The applicant will be responsible for using the scholarship for its intended purpose or will return the funds to the Clan Graham Society.
7. **To apply, please email the following:**
 - a. A photograph suitable for publication of yourself performing
 - b. If available, a brochure describing the program of study
 - c. The application form
 - d. Personal statement
 - e. Recommendation letter



CLAN GRAHAM SOCIETY



MEMBERS OF THE COUNCIL OF SCOTTISH CLANS AND ASSOCIATIONS, INC. & CLANS AND SCOTTISH SOCIETIES OF CANADA

Scottish Arts Scholarship Application

Year: _____

Chair: Jennifer Graham Haskell

Email: jghinvail@gmail.com

Name _____ Birth Date ____/____/____ Age _____

E-Mail Address _____ Telephone _____

Mailing Address: Street _____

City _____ State _____ Zip _____

Are you of Graham descent? If so, how? If you or a family member is a member of Clan Graham Society please provide your membership#: _____

Performing art for which this scholarship grant is sought: _____

At what level or grade are you now classified? _____

What is your immediate objective this year? _____

What is your future goal? _____

List all other Scottish cultural activities or performing arts you participate in: _____

For what purpose will you use the grant, if awarded? (i.e., seminars/workshop, lessons, testing) _____

Name of training program you plan to attend _____

Address of school _____

Telephone _____

Contact Person _____ Telephone _____

Dates you plan to attend _____ Date for payment _____

IF AWARDED A SCHOLARSHIP GRANT, I WILL, TO THE BEST OF MY ABILITY, COMPLETE MY INTENDED PROGRAM OF STUDY AND WILL SEND THE COMMITTEE A SHORT, WRITTEN REPORT OF MY EXPERIENCE. I REALIZE THIS GRANT IS TO BE USED FOR EDUCATIONAL PURPOSES ONLY. I WILL NOTIFY THE COMMITTEE AND SCHOOL IMMEDIATELY IF I AM UNABLE TO ATTEND THE TRAINING PROGRAM FOR ANY REASON.

Signature _____ Date _____

Parent or guardian signature if you are a minor _____