



The Saint Andrew's Society of Atlanta sponsors a limited number of scholarships to deserving individuals for training and education related to Scottish performing arts and heritage. Funds are for schools, camps, and workshops designed as a supplement to regular instruction. The program should offer an immersive experience not available during regular instruction. The program should be approved by the student's parent(s), if student is under 18, and the student's regular instructor as provided on page 2 of this application form.

Scholarship Application

Applicant Information

Applicant Name _____ Date of Birth _____ Age _____
 Address _____ City, ST _____ Zip _____
 Email _____ Phone _____
 Parent's Name _____ (if student is under 18)
 Parent's Email _____ Phone _____

School/Camp/Workshop Information

Name of School: _____ Area of Study _____
 Address _____ City, ST _____ Zip _____
 Website _____ Email _____ Phone _____
 Tuition/Fees _____ Room/Board _____
 Other Expenses _____ Requested Amount _____
 Payment Deadline _____

Student Comments - *Please provide your personal comment about this request and any pertinent information that will assist in the decision process. Provide a detailed, well presented response showing you are serious about your education.*

Student Signature _____ Date _____
 Parent Signature (if applicable) _____ Date _____

By signing above, I hereby authorize the release of personal information for the applicant above. I agree to hold St. Andrew's Society of Atlanta harmless for any damages involving the use of these funds. This form is a solicitation of funds, and no promise is made or implied. I agree that any funds granted will be used solely for the purposes stated on this form.



Instructor Recommendation

Applicant Information

Applicant Name _____
Email _____ Phone _____
Parent's Name _____ (if student is under 18)
Parent's Email _____ Phone _____

Instructor Information

Name of Instructor _____ Area of Study _____
Address _____ City, ST _____ Zip _____
Email _____ Phone _____

Recommendation - *Dear instructor, please provide your personal recommendation for the above named student, along with any pertinent information that will assist in the decision process. You can return this form to the student in a sealed envelope for discretion, or mail directly to: Tom Crawford, ATTN: SASA Scholarship, 217 Beaver Pond Dr., Woodstock GA 30188. Application with above information included may also be emailed to Scholarship@OccasionalMusic.com.*

Instructor Signature _____ Date _____

Please Note: Application deadline is March 31 of the requested program year. Mail to (postmarked by March 31): Tom Crawford, ATTN: SASA Scholarship, 217 Beaver Pond Dr., Woodstock GA 30188. Application may also be emailed to Scholarship@OccasionalMusic.com.

Awardees will be notified by April 30. Funds will be sent directly to the program.