

Peter Oliver Arts Scholarship

Application

Shelburne County Arts Council

Name: _____

Home Address: _____

Home Phone: _____

Name [Parent or Guardian]: _____

Where do you plan to continue your education? _____

I understand that in order to qualify for this scholarship I must meet the Shelburne County Nova Scotia residency requirement and enroll in at least one arts class in an accredited post secondary school.

Signature [Student Signature] _____

Signature [Parent/Guardian]: _____

Date Submitted: _____

Scholarship recipients will receive instruction on providing documentation, that eligibility requirements have been met prior to dispersal of funds.

Application Checklist:

- Completed Application form**
- Typed essay**
- Sample of Student's work**
- 2 Letters of Recommendation**
- Resume**
- High School Transcript**

-----Do not write below this line-----

Date Application received: _____

By: _____

Mail completed application to:

SCAC – Peter Oliver Arts Scholarship

PO Box 365

Shelburne, NS

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