

Dorothy Riddell Memorial Fund Scholarship in Bagpipes to the 2017 Ohio Scottish Arts School

Two \$300 scholarships will be awarded to students of bagpiping to attend the 2017 Ohio Scottish Arts School. Grants in other areas are not available.

The scholarship is open to any person regardless of race, creed or gender.

Applicant is required to write a short essay, no longer than one page, and include applicant's objectives, commitment, demonstrated proficiency, anticipated development, and future goals. You may choose to include any special honors, awards, or personal accomplishments you have attained. Please include age, years of study, competition level, if any, and a list of other Scottish activities you are involved in.

A recommendation letter from applicant's 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., pipe major, etc.,) and the length of time the applicant has studied with the teacher. It should address the applicant's skill level; progress made this year; commitment; demonstrated proficiency; and the anticipated development.

We require the applicant to obtain the letter of recommendation and mail it in the same envelope with his/her application and essay. Your application, essay and letter of recommendation must be postmarked no later than May 15, 2017 to be eligible for consideration. Application, essay and letter of recommendation should be mailed to:

Debbie Doty, OSAS President
1746 Dover Center Road
Westlake OH 44145

Scholarship award winners will be determined by the scholarship committee by June 1, 2017.

All recipients will be notified by e-mail, so be sure to include an e-mail address on the application.

Grants will be sent directly to the Ohio Scottish Arts School and must be returned if you do not attend.

This page with your parent's signature (or yours if you are over 18) and the date of application.
IF AWARDED A SCHOLARSHIP GRANT, I WILL, TO THE BEST OF MY ABILITY, COMPLETE MY INTENDED PROGRAM OF STUDY. 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 _____

Name _____ Age _____ Birth Date _____

Email Address _____ Telephone _____

Mailing address:

Street _____

City _____ State _____ Zip _____

Email address of your current teacher _____