

PRINCE ALBERT COUNTRY MUSIC ASSOCIATION



A chapter of the SASKATCHEWAN COUNTRY MUSIC ASSOCIATION

Box 864
Prince Albert, SK
S6V 5S4

BARRY SCAIFE MEMORIAL SCHOLARSHIP APPLICATION

Barry Scaife Memorial Scholarship

Conditions and Regulations

(Applicants must meet all of the criteria to be eligible for this Scholarship)

1. The Scholarship Committee consists of NO LESS than three BUT NO MORE THAN FOUR experienced knowledgeable members of the Prince Albert Country Music Association (P.A.C.M.A.).
2. The Scholarship is in the amount of \$1000.00.
3. All applicants must be a member of the P.A.C.M.A. for no less than two consecutive years and be of good standing order.
4. This Scholarship award is based on vocal or instrument programs of all types.
5. Once the applicant has been awarded the Scholarship by the committee, the P.A.C.M.A. will directly pay the student (applicant) in full.
6. Applications must be sent by mail to the address provided **no later than midnight on April 1st** of that calendar year. There will be no exceptions to this deadline.
7. Applicants under the age of 18 years must have a parent/guardian sign the application form.
8. All applicants will receive notification by mail on or before June 30th of that calendar year.
9. The Scholarship Committee decision is final and binding.
10. Extra consideration will be given to members who are active within the association. Active is defined as participating in P.A.C.M.A. shows, jam sessions, meetings, etc.
11. Applicants must be full-time students in good academic standing.
12. In the event that a relative of the Scholarship Committee chooses to apply for the Scholarship, that member will be required to recuse themselves from the committee and the selection process for that year. The committee member will be reinstated only when a candidate has been selected and announced. In this instance, the President or Vice President will intervene in good faith and act as a Scholarship committee member only until selection and announcement is complete.
13. Only the Scholarship committee will have the task of evaluating each applicant and deciding who will be awarded the Scholarship each and every year. The decision is final.
14. Applicants must be complete this form in full. Failure to do so shall result in the application being excluded.
15. The awarded recipient can only receive this Scholarship once.
16. The committee also reserves the right to interview applicants for more information if necessary.
17. By signing this form you agree to give P.A.C.M.A. permission to display your name and picture on local media, social media, etc. if you are the awarded recipient.

The P.A.C.M.A. and the Barry Scaife Memorial Scholarship Committee would like to thank you for your interest. If you have any questions or concerns, please contact Shayne Morley at shayne.morley@sasktel.net

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Name: _____

Date of Birth: _____ Gender: _____

Telephone: _____ (Home) _____ (Cell phone)

Home Address: _____ Postal Code _____

Email Address: _____

Are you a member of P.A.C.M.A.? (circle) Yes or No If yes, how long have you been a member? _____

ACADEMIC HISTORY:

Name and Address of Post-Secondary Institution:

A complete application requires the course outline, and official transcripts from the post-secondary institution, along with proof of enrollment (a letter from the institution confirming enrollment).

The following is attached/included in this application:

____ Course Outline

____ Official Transcripts

____ Proof of Enrollment

What year of post-secondary education are you attending in September (circle): 1 2 3 4

ADDITIONAL INFORMATION:

Please provide a complete list of all scholarships, bursaries, grants or loans that you have received within the last year.

I, understand, declare and agree that the information included in this application to be accurate and complete to the best of my knowledge. I also understand that any false disclosure relating to this Document will result in rejection of this application and any future applications to this association.

APPLICANT SIGNATURE:

PARENT SIGNATURE (if under the age of 18)

DATE: _____

ESSAY: Why do you deserve this scholarship?

Applicant's name: _____

Please enclose a 250 word essay outlining why the Barry Scaife Memorial Scholarship is deserved.

(You may use additional paper, the back of this page or attach a printed document.)

ESSAY: Musical Contribution

Applicant's name: _____

Please enclose a 500 word essay describing your past experiences and future goals within our music community and within Saskatchewan. (You may use additional paper, the back of this page or attach a printed document.)