

SCMA- 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 SCMA - Prince Albert.
2. The Scholarship is in the amount of \$1000.00. A maximum of two people may be awarded \$500 at the same time at the discretion of the committee. The Scholarship is for any post-secondary education for members, spouses, children and grandchildren of a member of SCMA - Prince Albert. A person shall only receive this scholarship once.
3. All SCMA - Prince Albert members must be a member of SCMA - Prince Albert for no less than two consecutive years and be of good standing order.
4. Once the applicant has been awarded the Scholarship by the committee, SCMA - Prince Albert will directly pay the student (applicant) in full.
5. 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.
6. Applicants under the age of 18 years must have a parent/guardian sign the application form.
7. The Scholarship Committee decision is final and binding.
8. Extra consideration will be given to members who are active within the association. Active is defined as participating in SCMA - Prince Albert shows, jam sessions, meetings, etc.
9. Applicants must be full-time students in good academic standing.

10. In the event that a relative of the Scholarship Committee chooses to apply for the Scholarship, that member will be required to excuse 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.

11. 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.

12. Applicants must be complete this form in full. Failure to do so shall result in the application being excluded.

13. The committee also reserves the right to interview applicants for more information if necessary.

14. By signing this form you agree to give SCMA - Prince Albert permission to display your name and picture on local media, social media, etc. if you are the awarded recipient.

SCMA - Prince Albert and the Barry Scaife Memorial Scholarship Committee would like to thank you for your interest. If you have any questions or concerns, PLEASE MAIL TO

SCMA-Prince Albert

ATTN. Barry Scaife Bursary Committee

Box 864

Prince Albert, Sk

S6V 5S4

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Name: _____

Date of Birth: _____ Gender: _____

Telephone: (Home) _____

(Cell phone) _____

Mailing Address: _____

City/Town: _____

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/GUARDIAN SIGNATURE (if under the age of 18)

DATE: _____

ESSAY SUBMISSION
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 SUBMISSION
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.)