



SCHOLARSHIP APPLICATION

Date of application _____ Student name _____

For Youth Students Only - Grown up's Name _____

Student Pronouns _____ Email address _____

Mailing address _____

Phone number _____ Age and/or Grade in school _____

Name of school (if applicable) _____

Which classes at the McGuigan Arts Academy are of interest (or just sound like fun!) to the student?

How have the arts impacted the student's life thus far?

Tell us about any special skills or talents that the student has!

With regard to these special skills or talents, does the student have a particular goal in mind that studying at the McGuigan Arts Academy would help them achieve?

I understand that submission of this scholarship application does not guarantee my child a scholarship. If my student does receive a scholarship, I also understand that my student is to attend their assigned class or camp for the full time period. I hereby certify that I am a parent or legal guardian of the student, and that all of the information provided is correct.

Please return completed application to kate@billymcguigan.com