

# BRUCE D. MITCHELL MEMORIAL SCHOLARSHIP

## ST. ANDREW SOCIETY OF TALLAHASSEE

### APPLICATION FORM

If you have any questions regarding this Scholarship opportunity prior to submitting a formal application, please contact the St. Andrew Society Educator, Glenn Robertson ([gwr8008@aol.com](mailto:gwr8008@aol.com)) for clarification.

#### APPLICANT:

Please ensure your application file is compatible with Microsoft Word.

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### APPLICATION INSTRUCTIONS:

Please describe in detail (approximately 1,000 – 1,500 words - maximum) how you will use scholarship funds. Please include the following elements in your application narrative. You may insert your narrative into this form. Use as much space and additional pages as needed.

1. **What experience will be funded by the Scholarship?** Please describe the specific subject matter and activity/event for which you are seeking scholarship funding (e.g. a class, independent study, a workshop, a seminar, a performance, a competition). If available, include a link to the institution / organization / person that provides the experience for which you are requesting a scholarship.
2. **What costs will be covered or defrayed with scholarship request funds?** Please indicate any institutional or professional fees involved and any supplemental expenses such as materials, travel, lodging, and equipment).
3. **Who will oversee or conduct the activity for which you are requesting a scholarship** (e.g. professor, dean, teacher, organization director, workshop leader, activity coordinator, trainer)? Please include contact information for this person.
4. **Why are you pursuing this experience?** Please include a discussion of how your participation in this experience will benefit your community and your personal development.

5. **How much is your Scholarship funding request?** \$\_\_\_\_\_. Customarily, up to a \$ 1,000 request is considered. However, depending on the availability of funds, the number of applications received and the quality of an application, and cost category analysis findings, the St. Andrew Society can adjust a request lower than that requested or can consider a higher request.

## APPLICATION ASSURANCES

Please sign and date a hard copy of this page, scan the page as a pdf file, and attach it to your emailed application.

1. If I receive a Bruce D. Mitchell Memorial Scholarship award, I promise to use the scholarship funding for the purposes described by me in the "Application."
2. I agree to share my experience supported by St. Andrew Society of Tallahassee funding by making at least a 30-minute presentation or performance appropriate to my scholarship supported experience within six (6) months after completing my scholarship activity and/or contribute an article to the St. Andrew's Cross newsletter.
3. If circumstances do not permit the use of scholarship funds for their intended purpose as described by me in this application, I will return any award funds received, including recovery of funds already paid to an institution or organization or person to Glenn Robertson, St. Andrew Society Educator, within 14 days after my scholarship activity was scheduled to begin.
4. The information provided by me in this application is true and correct, and is composed and written solely by me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your full application including the signed and scanned/pdf Assurances page, to Glenn Robertson, St. Andrew Society Educator, at [gwr8008@aol.com](mailto:gwr8008@aol.com).

Thank you for your interest, and Good Luck!

### FOR SOCIETY USE ONLY:

Application Approved \_\_\_\_\_ Application Disapproved: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_