

Helen Skuggedal Reed Memorial Scholarship Application Form

Applicant Name _____

Street Address _____

City, Prov., P-Code _____

If address is not currently in Atlantic Canada, describe applicant's relation to the region:

Date of birth _____ **Phone** _____

E-mail _____

Signature _____ **Date** _____

Nominated by: _____

Nominator's Signature: _____

Nominator's RCCO Centre (or Unattached): _____

Two References

(1) Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

(2) Name: _____

Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Please e-mail completed application and references forms by March 31st
to: scholarships@RCCOHalifax.com

Provide a short biography of yourself, including your connection with Atlantic Canada:

Give details of your education and musical training:

Give details of your organ study—number of years, selected repertoire, name of your teacher(s), award(s), etc.:

Describe your proposed program of study—where, with whom, beginning and ending dates, etc.: