PRAIRIE PIPE BAND ASSOCIATION OF MANITOBA

SCHOLARSHIP APPLICATION FORM

PLEASE PRINT

NAME: _____ PHONE NO: _____

ADDRESS: _____

EMAIL: _____

INSTRUMENT: _____ PPBAM MEMBERSHIP NO: _____

SOLO GRADE: _____ BAND AFFILIATION: _____

SCHOOL/EVENT APPLYING FOR: _____

DATE/S OF SCHOOL/EVENT: _____

HAVE YOU PREVIOUSLY ATTENDED A MUSIC SCHOOL/EVENT: YES/NO

IN 100 WORDS OR LESS, PLEASE DESCRIBE THE SCHOOL/EVENT FOR WHICH YOU ARE APPLYING AND WHAT YOUR GOALS ARE IN ATTENDING THIS SCHOOL/EVENT. ATTACH A SEPARATE SHEET IF NECESSARY.

DEADLINE FOR APPLICATIONS – **May 15, 2016**

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SIGNATURE OF APPLICANT SIGNATURE OF P/M OR INSTRUCTOR

_____

DATE

REMIT APPLICATON TO THE **PPBAM SECRETARY**, 1601-72 DONALD ST, WINNIPEG, MB R3C 1L7