



Graham Bremner Memorial Scholarship Fund Application Form

Thank you for your interest in the Graham Bremner Memorial Scholarship Fund. Please complete the form below to apply for the scholarship. All fields must be completed accurately to ensure consideration.

Personal Information

1. Student's Full Name

- First Name: _____
- Last Name: _____

2. Date of Birth

- MM/DD/YYYY: _____

3. Address

- Street Address: _____
- City: _____
- Province: _____
- Postal Code: _____

4. Phone Number

- Mobile: _____
- Home: _____

5. Email Address

- _____
-



6. Name of Band Affiliation

○ _____

7. Instrument

○ _____

8. Name of Pipe Major/Leading Drummer/Instructor

○ _____

9. Name of School or Workshop: _____

10. Date of Workshop: _____

Please describe how the scholarship will help you achieve your developmental goals (max 500 words):



11. Additional Information

Have you applied for any other scholarships or financial aid?

- Yes ☐
- No ☐

If yes, please list them:

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- **Signature:** _____ (Parent/Guardian if student is under 18)
 - **Date:** _____
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