

APPLICATION FORM – PAGE 1

Bruce D. Mitchell Memorial Scholarship

St. Andrew Society of Tallahassee

PART I: APPLICATION SUMMARY (please ensure your application file is compatible with Microsoft Word)

Name: _____ Date of Birth: _____

Home Phone: _____ Cell Phone: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

Instructions: **Please give a brief summary (300-400 words) of how you plan to use St. Andrew Society of Tallahassee scholarship funding, identifying any key organizations, institutions, or individuals playing a key role in your planned activity, and the nature of anticipated expenses to be defrayed with scholarship monies.** You may type your summary on this form, using as much additional space and an additional page as needed, but please observe the 400-word limit using a font pitch of 12.

IF YOUR INTENDED USE OF ST. ANDREW SOCIETY SCHOLARSHIP FUNDING IS UNCERTAIN OR IN THE INITIAL PLANNING STAGES, **PLEASE STOP HERE** AND EMAIL PAGE(S) FOR PART I: APPLICATION SUMMARY ONLY TO KRISTINE LAMONT, ST. ANDREW SOCIETY EDUCATOR, AT lamontk@hotmail.com .

IF YOU HAVE FINALIZED YOUR PLANNING, **PLEASE CONTINUE TO PART II: APPLICATION NARRATIVE AND PART III: ASSURANCES** ON THE FOLLOWING PAGES TO COMPLETE THE APPLICATION PROCESS.

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PART II: APPLICATION NARRATIVE (please ensure your application file is compatible with Microsoft Word)

Instructions: In Part I of this application, you provided a brief summary of your intended use of a St. Andrew Society of Tallahassee scholarship award. **In Part II, please describe in detail (approximately 1,000-1,500 words) how you will use scholarship funds.** Please include the following elements in your application narrative. You may insert your narrative on this form. Use as much space and additional pages as needed, but please observe the 1,500 word limit.

APPLICATION NARRATIVE FORMAT

WHAT, WHERE, WHEN: Describe the specific subject matter and activity/event for which you are seeking scholarship funding (e.g., class, independent study, workshop, seminar, performance, competition, etc.). Identify the institution or organization that will oversee your participation. Include a link to the entity, activity, or event if available. Indicate the specific location and dates of the activity or event. What specific costs will St. Andrew Society scholarship funds cover or defray?

WHO: Identify the individual who will oversee or conduct the activity for which you are seeking scholarship funding (e.g., professor, dean, teacher, organization director, workshop leader, etc.). Please include full contact information for this person.

HOW AND WHY: Describe your reasons for pursuing this activity or event and applying for scholarship aid from the St. Andrew Society of Tallahassee. Discuss how your participation in this activity will benefit your community and your personal development.

REQUESTED FUNDING: Indicate the amount of funding you are requesting. **The customary maximum award for a scholarship is \$500.** However, the St. Andrew Society of Tallahassee Board of Trustees will consider a request for a maximum award of \$1,000 if the Board determines that proposed use of funds is deserving of additional funding. In the latter case, please note that the Society may offer you a scholarship award but at less than your requested amount.

AFTER COMPLETING YOUR APPLICATION NARRATIVE, PLEASE SIGN THE APPLICATION ASSURANCES ON THE NEXT PAGE.

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PART III: APPLICATION ASSURANCES (please sign and date a hard copy of this page, scan the page as a pdf file, and attach to your emailed application)

- 1. If I receive a scholarship award, I promise to use scholarship funding for the purposes described by me in Parts I and II of my application.**
- 2. I agree to share my experience supported by St. Andrew Society of Tallahassee scholarship funding by making a 40-minute presentation or performance appropriate to your scholarship experience at a Society function within six months of completion of my scholarship activity.**
- 3. If circumstances do not permit my use of funds for their intended purpose as described by me in this application, I understand that I must return any award funds received, including recovery of funds paid to an institution or organization, to Kristine Lamont, St. Andrew Society Educator, within 14 days after scholarship activity was scheduled to begin.**
- 4. The information on this application is true and correct, and is composed and written solely by me.**

Signature: _____ **Date:** _____

Please email your full application, Parts I, II, and III, to Kristine Lamont, Society Educator, at lamontk@hotmail.com , attaching this signed Application Assurances page as a scanned pdf file.
Sealb math dhuit – Good luck!

FOR SOCIETY USE ONLY

Approved: _____ Disapproved: _____ Signature: _____