

FRIENDS ARTS SCHOLARSHIP AWARD PROGRAM APPLICATION FORM

APPLICANT INFORMATION

Family Name: _____

First Name and Initial: _____

Mailing Address: _____

Telephone Number: _____

E-mail: _____

EDUCATION

Graduating School: _____

Additional Training/Courses/Workshops _____

Name of Educational Institution you will be attending:

Address: _____

Program of study: _____

Signature: _____ Date: _____

Send completed application to:

The Friends of the Confederation Centre

Attn: Arts Scholarships

145 Richmond Street

Charlottetown, PE C1A 1J1

Tel: (902) 628-6141

Email: friends@confederationcentre.com

Website: www.confederationcentre.com