



Scholarship Application Confederation Centre of the Arts

Student Information:

First and last name	
# Street, # P.O. Box, Address	
City	
Province and Postal Code	

Parent or Guardian Information:

Full name of Parent or Guardian	
Home phone:	
Work phone:	
Other contact (cell, e-mail, etc.)	

Referral Information (if applicable)

Full name of person making recommendation	
What is your involvement with this student?	

Is there a specific camp / class and date preferred? Yes No

If yes, provide name and start date of camp / class:

Please provide further information relevant in assessing this applicant's need for a scholarship:

Please mail, fax or e-mail this form to:

Francesca Perez, Director of Arts Education & Heritage
Confederation Centre of the Arts
145 Richmond Street, Charlottetown, PE C1A 1J1
P: 547-881-0899 F: 902-566-4648 E: fperez@confederationcentre.com

Deadline: this application must be received two (2) weeks prior to the start date of the respective camp / class that the applicant wishes to attend.

Please indicate if the recipient's identity can be shared with the scholarship donor

Yes No

Please be advised that all classes may be documented by photos and video. Photographs may be used for marketing and publicity purposes. If you DO NOT want the child's image to be used, please initial here. _____

Thank you for your application. If you have any questions please contact Francesca Perez. The scholarship application outcome will be made known to the student / parent / guardian.

Office Use Only:

Approval

Amount

Endowment Source