



P.O. Box 983 Kamloops, BC V2C 6H1 Tel. (250-) 574-5437 E-mail info@kissm.ca

## SCHOLARSHIP AND BURSARY APPLICATION

Application review starts **June 1**,

**applications received after this date may still be considered.**

**Mail to:** Kim Mangan, KISSM Executive Director  
PO Box 983, Kamloops, BC, V2C 6H1  
or fax to (250) 574-5437

**Scholarships** are awarded to students on the basis of merit and leadership in their music studies or school music program. Fill out the front page of this form to apply for a KISSM scholarship.

**Bursaries** are awarded on the basis of need. Fill out the additional Bursary Information on the back of this form if you wish to apply for a bursary.

Students may apply for both bursaries and scholarships. KISSM reserves the right to limit the total award to any one student.

A completed **KISSM Registration Form** must accompany this application. Scholarship and bursary recipients must guarantee that they will attend KISSM.

### 1. INFORMATION TO BE COMPLETED BY ALL SCHOLARSHIP AND BURSARY APPLICANTS:

#### PLEASE PRINT:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ Prov. \_\_\_\_\_ Postal Code: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ e-mail: \_\_\_\_\_

Age: \_\_\_\_\_ Female (\_\_\_\_) Male (\_\_\_\_)

Parent's Name: \_\_\_\_\_

School: \_\_\_\_\_

School telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Grade: \_\_\_\_\_ Major instrument or voice: \_\_\_\_\_

School music teacher \_\_\_\_\_ and/or private teacher \_\_\_\_\_

#### Office Use Only

Date rec'd: \_\_\_\_\_

Bursary app. Too? ( )

Schol. Granted ( ) \$ \_\_\_\_\_

Burs. Granted ( ) \$ \_\_\_\_\_

Date notified \_\_\_\_\_

#### TEACHER CONFIRMATION\*

**\*Teacher Confirmation must be completed and signed by your school music teacher, private music teacher or classroom teacher.**

I certify that \_\_\_\_\_

( ) is a member in good standing of the school music program at \_\_\_\_\_ School.

Or ( ) is a private music student of mine

\_\_\_\_\_  
Signature of Teacher Date: \_\_\_\_\_

**Teacher:** Please include a brief note describing this student's contribution to your program and/or musical achievements.

*continued on back...*

...continued

Have you attended KISSM before? ( ) No ( ) Yes If yes, what year(s)?: \_\_\_\_\_

Anything else you would like us to know about you? \_\_\_\_\_

Hobbies (other than music) \_\_\_\_\_

Musical experience and achievement: \_\_\_\_\_

Reason why you wish to attend KISSM: \_\_\_\_\_

Other comments: \_\_\_\_\_

**2. KISSM SCHOLARSHIP APPLICANTS ONLY:** Please attach a short letter indicating your contribution to your school's music program and/or your achievements in private music study, and why you are applying for a scholarship.

**3. KISSM BURSARY APPLICANTS ONLY:**

**FAMILY INFORMATION:**

Number of siblings (brothers or sisters) \_\_\_\_\_ Ages: \_\_\_\_\_

Number of other family members attending KISSM: \_\_\_\_\_

Father and/or mother's place of employment: \_\_\_\_\_

Annual total family income (please check the appropriate category):

( ) Under -\$15,000 ( ) \$20,000-\$25,000 ( ) \$30,000-\$35,000 ( ) \$40,000-\$45,000

( ) \$15,000-\$20,000 ( ) \$25,000-\$30,000 ( ) \$35,000-\$40,000 ( ) Over \$45,000

**Parent:** I am able to contribute ( ) \$50 ( ) \$100 ( ) \$150 ( ) \$\_\_\_\_\_ towards my child's registration fee.

**(This amount must accompany bursary form along with a completed registration form)**

**Please note that KISSM bursaries are generally in the range of \$150.**

**4. SIGNATURES REQUIRED FOR ALL APPLICANTS:**

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date