

Clan MacLellan Scottish Culture Scholarship

APPLICATION FORM

(Submit by March 1<sup>st</sup>; Award to be announced by July 1<sup>st</sup>)

Applicant's Full Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

Applicant's education background and experience related to the intended course of study (use back of this form if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your plans for use of this scholarship (i.e., place of study, course name, estimated cost, etc.)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn of this scholarship? Explain connection to Clan MacLellan, if any (not a requirement)

\_\_\_\_\_  
\_\_\_\_\_

If awarded this scholarship, do you agree that within one month you will send a picture of yourself and a short biography for inclusion in our quarterly newsletter, *Think On*? Yes \_\_\_\_\_ No \_\_\_\_\_

Upon completion of your study, do you agree to submit a report of your activities and your intended use of your education in Scottish cultural study? Yes \_\_\_\_\_ No \_\_\_\_\_

If some factor prevents your undertaking the study for which the scholarship was awarded, do you agree to return any monies received from Clan MacLellan? Yes \_\_\_\_\_ No \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Mail form to: Ernest E. McClellan, W329 S152 County C, Delafield, WI 53018-3108