



**Saskatchewan Orchestral Association
2017 Bursary Program Application Form
Deadline: Monday, April 10 2017**

READ THE 2017 BURSARY PROGRAM CRITERIA BEFORE COMPLETING THIS FORM

Name:	Date:
Address:	City:
E-mail:	Postal Code:
Telephone:	Birthdate:
SOA member group in which you participate [see program criteria]:	
School:	Grade:
Instrument:	Instrument Teacher Name:
Current level on your instrument: for example, completed Suzuki book #_____	
OR Conservatory (eg. RCM) & Grade_____	
OR name of most difficult piece performed:	
Most recent summer program attended:	
Have you previously received an SOA Bursary? Yes No	

Project Name:	
Project Dates:	Project Location:
Describe the project for which you are requesting assistance:	



Estimated Project Costs [see program criteria for eligible costs]		
Application Fee: \$	Transportation: \$	Tuition: \$
Accommodation: \$	Other (please specify): \$	
Total: \$	Amount of SOA Bursary requested: \$	

Other Resources:	
If you have received or expect to receive other financial assistance for this project, please give details below.	
Source:	Amount: \$
Source:	Amount: \$
	Total: \$

In what musical activities are you involved and to what extent? (Attach on separate sheet if necessary.)

Why is it important that you have this experience at this time in your life? (Attach on separate sheet if necessary.)



Declaration:

By affixing my signature to this application,

- I have read and understand the Bursary Program criteria, and I am in compliance with the program's eligibility requirements
- I declare that the statements and information contained in this application are accurate and complete
- I authorize the SOA to contact me regarding any matter related to this application and/or any conditions attached to funding awarded as a result of this application
- I understand that this application may not be funded or may not be funded to the full amount requested.
- If funded, I agree to submit a Summary Report form to the SOA by September 30 2017. I understand this is required in order to receive the final payment of the Bursary.
- I agree to acknowledge the financial support of the SOA, SaskCulture and Saskatchewan Lotteries Trust Fund whenever possible.
- I authorize the SOA to publicly release my name, home community, project description and amount of the approved bursary.
- I accept the conditions of the program and agree to direct all questions concerning the results of this application to the SOA.
- I understand that funds granted to me by the Saskatchewan Orchestral association are to be used solely for the purpose described herein, and any funds not used for this purpose shall be returned.

Signature of Applicant

Date

Endorsement:

Signature of Teacher or Ensemble Director

Date

Please send this form and attachments to:

Saskatchewan Orchestral Association, Inc.
4647 Pasqua Street
Regina, SK S4S 6B9
Or email to info@saskorchestras.com

Questions?

Check out www.saskorchestras.com
Or contact:
Peter Sametz, Managing Consultant
Ph:306.529-7366
Email: info@saskorchestras.com