



# The Piobaireachd Society

## BURSARY APPLICATION FORM

Your contact details	
Name:	
Address:	
Telephone:	
School/College/Work:	
Date of Birth:	
Email:	

<p>1. Please give details of your piping career/teachers to date. <i>(Please answer as fully as possible)</i></p>

*Please attach additional sheets if necessary*

2. How would you benefit from a week of intensive bagpipe study  
*(Please answer as fully as possible)*

*Please attach additional sheets if necessary*

*I hereby declare that the information provided herein is, to the best of my knowledge, correct at the time of application.*

Name (print)	
Signed:	
Parent/Guardian/Carer Name: <i>(if under 16)</i>	
Signed: <i>(if applicable)</i>	
Date:	

Once completed, please return this form to:

Piobaireachd Society Bursary 2017  
c/o Fraser MacInnes  
The College of Piping  
16-24 Otago Street  
Glasgow  
G12 8JH  
email: [fraser.macinnes@collegeofpiping.org](mailto:fraser.macinnes@collegeofpiping.org)