Clan MacLellan Scottish Culture Scholarship
APPLICATION FORM

Applicant's Full Name _____
First Middle (Maiden) Last

Mailing Address_____

City_____ State_____ Zipcode_____

Phone_____ Email address_____

Applicant's educational background and experience *(use back of this form if needed)*

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Describe your plans for use of this scholarship
- course or seminar name, dates, place of study, estimated cost *(use back or separate sheet or brochure)*

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How did you learn of this scholarship?

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It is not required, but if you are a descendant of a MacLellan (any spelling)
please attach genealogy information.

If awarded this scholarship, do you agree that within **2 weeks** you will send a picture of yourself and a short biography for inclusion in our quarterly newsletter. Yes_____ No_____

Upon completion of your course, do you agree to submit a report of your study and how you intend to use the newly acquired knowledge? 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 to the Clan Treasurer, P O Box 150, Simpsonville, KY 40067? Yes_____ No_____

Date_____ Signature_____

Mail this form and attachments to: Kathy Kessinger, 1204 Stonelilly Drive, Jeffersonville, IN 47130
(president@clanmaclellan.net)