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PETER LEITNER
Arts Scholarship



www.artsscholarship.bm

APPLICATION FORM

Name of Candidate (in full):	(First) _____	(Last) _____
Date of Birth:	_____	Place of Birth: _____
Home Address:	_____ _____ _____	Mailing Address: _____ _____ _____
Telephone: (Home)	_____	_____
E-mail Address:	_____	(Other) _____
Full Name of Parent/Guardian:	(First) _____	(Fax) _____
Address (if different from above):	_____	(Last) _____
	_____	Telephone: (Home) _____
	_____	(Other) _____
	_____	(Fax) _____
Names of Schools Attended:	_____	From: _____ To: _____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____
	_____	_____

Are you applying for any other scholarships, etc? _____

Do you hold any other scholarships, bursaries, etc? _____

If yes to above, please provide details: _____

Please indicate scholarship you are applying for: Local: YES / NO Overseas: YES / NO

Name of School or College or University for award: _____

Name of Course or Arts subject to be studied: _____

What is your career goal? _____

