# INFORMATION SHEET pages 1 & 2, Application Form pages 3 & 4.

This Scholarship was set up by the New Zealand Branch in 1998 to encourage participation of Junior Associate Members at Branch Schools; in memory of Miss Phyllis Gale who was a leading teacher in the Branch and an Examiner of the Royal Scottish Country Dance Society.

Applications are particularly encouraged from dancers who might not otherwise be able to attend Summer School, and from non-dancing families. For further information on Summer School see [http://www.rscdsnzb.org.nz/summerschools.php;](http://www.rscdsnzb.org.nz/summerschools.php%3B) and for successful applicants’ experiences, see Issue 1 of the Jigs And More each year at: <http://www.rscdsnzb.org.nz/ynewsletter.php>

The Scholarship is available to any registered Junior Associate Member of the New Zealand Branch of the RSCDS who meets the following criteria:

* The candidate has a minimum of one year’s dancing experience and is resident in New Zealand;
* The application is completed in full. (Those applicants unable to attend class/club regularly due to changing circumstances (e.g. attending boarding school), should ask a tutor who has recently taught or seen them dancing to complete the “Teacher” section);
* The candidate has the permission of their parent/guardian to attend the Summer School;
* The candidate has not received the Scholarship previously.

Two Scholarships will be awarded each year. The Scholarship covers the Summer School costs i.e classes, accommodation, meals and entertainment, for each successful applicant. Transport costs from the successful applicants’ home to and from the Summer School venue are the responsibility of the applicant/parent/guardian.

If a successful applicant is under the age of 16 years, he/she **MUST** be accompanied by an adult whilst attending the Summer School. Note: this could be a parent or guardian (who would be responsible for their own costs), or an adult dancer who will be attending the Summer School. This adult must complete the relevant section of the application form. If the applicant’s parent is not attending Summer School, another responsible adult can be suggested or sought by the JAM Committee.

Completed application forms should be sent to the address on the form. Applications close on **30th June** each year. All applicants will be notified of the result by the end of July each year.

The names of the successful applicants will be drawn by the New Zealand Branch President or their delegate. No merit-based decisions are implied by the award of a Scholarship.

The successful applicants will be expected to provide a short report (including a photo) of their Summer School experience for the New Zealand Branch’s Kiwi News and Jigs And More publications.

# Applicant’s Details

**APPLICATION FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name** | |  | | |
| **Address**  **Email address** | |  | | |
|  | | |
|  | | |
| **Phone number** | |  | | |
| **Mobile Phone** | |  | | |
| **Age** | | **Years of dancing experience** | | |
| **Dancing undertaken in previous 12 months** | |  | | |
| **Class/Club** |  | | **JAM Registration No.** |  |

**If Applicant is under 16 years of age. Please complete**

|  |
| --- |
| **Name of accompanying adult:** |
| **Address:** |
| **Email address:** |
| **Phone number:** |
| **Mobile Phone:** |
| I am willing to accept responsibility for .**..............................................** (applicant’s name)  during the course of the .**.........................** (year) Summer School to be held in **.........................................** (location).  Signature of accompanying adult**:**  **...........................................................................…..** |

**Parent or Guardian to complete**

I/we give permission for **.......................................................** (applicant’s name) to attend the New Zealand Branch Summer School, if he/she is awarded the Scholarship, and for their name and photo to be published in the award announcement and/or post-School report.

Signature of

Parent/Guardian **..................................................................…….....................................**

**CLOSING DATE FOR APPLICATIONS – 30th JUNE**

**The applicant must complete this form then hand it to their teacher who will complete the next page.**

# TEACHER’S COMMENTS

|  |  |
| --- | --- |
| **Name** |  |
| **Club/Class** |  |
| **Teacher’s comments in support of application, including comments about dancing**  **undertaken in 12 months, attitude to dancing etc.** | |
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|  | |
| **Teacher’s Signature..........................................................……...........** | |

**CLOSING DATE FOR APPLICATIONS – 30th JUNE**

Thank you for taking the time to support this application.

Please check that all details have been completed by the applicant and send both pages to:

Youth Coordinator RSCDS NZ Branch Inc.

5 Richmond Street, Wanganui 4500