



Award Application Form (Post-Secondary Students)

Please complete this application & mail or fax to the Salt Spring Arts Council.

114 Rainbow Road
Salt Spring Island
BC, Canada V8K 2V5

tel: 250.537.0899
fax: 250.537.1678
info@ssartscouncil.com
www.ssartscouncil.com

DEADLINE FOR RECEIPT: JUNE 1

YOUR NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ PHONE : _____

EMAIL ADDRESS: _____

Present Educational Institute: _____

**Educational Institute to be attended
(if different from the above):** _____

References (please supply two letters of reference):

Reference #1

NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ PHONE : _____

EMAIL ADDRESS: _____

Reference #2

NAME: _____

MAILING ADDRESS: _____

POSTAL CODE: _____ PHONE : _____

EMAIL ADDRESS: _____

Supporting materials: please attach a letter explaining your plans and needs. In addition, samples of your work (writing, photos, tapes or CDs, videos etc.) would be of assistance to the selection committee.

Applicant Signature: _____

Date: _____