



## **MAY FUND - Music And Arts for Youth - Scholarship 2025**

The Kingsville Music Society, founded in 2013, is a volunteer-run nonprofit funded by events and donations. The Music and Arts for Youth Fund is the heart of the Kingsville Music Society and aims to empower young individuals through access to music and art education. Our mission is to provide financial support for programs, scholarships, and resources that enhance artistic opportunities for youth.

### **AWARD CRITERIA**

- Applicants must be attendees of a high school and reside in Windsor-Essex County
- The scholarship is payable upon enrolment in an arts program which enhances the student's arts career.
- The selection committee's decision is final and no further communications regarding the scholarship will be entered into with applicants once decision is made.

### **AMOUNT**

The Kingsville Music Society will award two (2) \$1,000 scholarships in honour of 2 of our exceptional volunteers:

- \$1,000 Marg Renaud Honourable Scholarship
- \$1,000 Sue Blackford Honourable Scholarship

**Applications close on July 1, 2025**



**PLEASE NOTE: INCOMPLETE APPLICATIONS ARE NOT ELIGIBLE!!**

## APPLICATION

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

High School I am currently attending \_\_\_\_\_

Signature of Staff (teacher, guidance counsellor, principal) \_\_\_\_\_

**Please provide name and signature of parent or legal guardian**

PARENT / LEGAL GUARDIAN NAME \_\_\_\_\_

SIGNATURE of Parent or Legal Guardian: \_\_\_\_\_



**I AM ATTENDING THE FOLLOWING ARTS BASED PROGRAM: (Please check one of the following)**

- University or College degree or diploma program
- University or College seminars, courses and training
- Other programs, seminars, courses and training

**Name of University or College** you will attend: \_\_\_\_\_

**Name** of the program which you will be taking:

\_\_\_\_\_

**Explanation of financial need: Please complete the following statement**  
**This scholarship will alleviate financial burden to me in the following ways:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I confirm that I am the Applicant and have read and understand the MAY FUND Scholarship Application Regulations.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please, submit your application by email to: [info@kingsvillemusicsociety.com](mailto:info@kingsvillemusicsociety.com)  
or mail/drop off to: MAY FUND, 28 Division Street S., Kingsville, ON N9Y 1P3