



Application for the
Greg McGrath Memorial
Scholarship for the Exploration
of Celtic Heritage



PLEASE PRINT CLEARLY

Name: _____

Date of birth: _____

Address: _____

City: _____

State: _____ Zip: _____

Phone: _____

Email: _____

(Check which event you wish to attend. Only choose one)

Swannanoa Gathering Celtic Week

Augusta Heritage Center Irish Week

I certify that the information given in this application is true and correct to the best of my knowledge.

Signature _____

Date _____