



New World Celts Asheville Chapter Guardian Permission Application

Applicant Name: _____

Guardian Name: _____

Relation to Applicant: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

I certify that all the information given is true and correct to the best of my knowledge. I certify that I am the legal guardian of the above applicant and do hereby give them permission to apply for the *Greg McGrath Memorial Scholarship for the Exploration of Celtic Heritage*. Further, I support and encourage the applicant to attend the (Circle one) **Swannanoa Gathering Celtic Week** or the **Augusta Heritage Center Irish Week** to explore Celtic culture and history through the study of Celtic music or dance.

Guardian Signature _____

Date _____