

APPLICATION FOR ACT SCHOLARSHIP

This scholarship is to offset costs associated in furthering individual ACT members with theatrical, educational programmes. It is not available for credits towards a post-secondary educational programme. In order to qualify for consideration for the scholarship the applicant must have been a member of an ACT affiliated group for a minimum of two years. All monies will be forwarded to the successful applicant only after the Scholarship Committee has received copies of the original receipts verifying attendance at the event, and a report concerning the course.

NAME _____

ADDRESS _____

TELEPHONE _____

E-MAIL _____

NAME OF AFFILIATED ACT GROUP _____

How long have you been a member of this group? _____

Name and date of course/event to be attended: _____

Cost of attendance:

Registration / tuition: _____ Supplies: _____

NB: Travel costs are exclusive of the scholarship.

Are you applying for funding from any other agency? YES NO

If you answered yes to this question, which agency? _____

What benefit will this further training bring you or your theatre group? _____

Please give 2 references for this application.

1. _____
NAME:

2. _____
NAME:

TELEPHONE:

TELEPHONE:

E-MAIL:

E-MAIL:

RELATIONSHIP:

RELATIONSHIP:

Please return this application to:

Hazel Lamont
Box 405
Virden, MB
ROM 2C0

Scholarships will be awarded on a first-come-first-served basis.