

Application for Act Scholarship (revised 2010 September 24)

This scholarship is to offset costs associated in furthering individual ACT members with theatrical, educational programs. It is not available for credits towards a post-secondary educational program. 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 of course/event: \_\_\_\_\_

Date of course/event: \_\_\_\_\_

Cost: Registration/Tuition: \$ \_\_\_\_\_

Supplies: \$ \_\_\_\_\_

Mileage: (\$0.20/km) \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Please note that the maximum amount paid for mileage will be \$100.

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:

Donna Cuddy  
ACT Secretary  
Box 105  
125 Barr Street  
Holland, MB R0G 0X0

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