



Carole Forhan Theatre Arts Scholarship Application

Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City Province Postal Code

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date of birth \_\_\_\_\_

Workshop or Program the funds will be used for: \_\_\_\_\_

Have you met the criteria for formal acceptance, where applicable? YES NO

If not, what date will acceptance be confirmed? \_\_\_\_\_

Organization offering program or workshop: \_\_\_\_\_

Date of Program or Workshop: \_\_\_\_\_

Please describe how this program will help you grow in the area of theatre arts: (Include extra sheet if required)

Have you previously been awarded the Carole Forhan Theatre Arts Scholarship? YES NO  
  If yes, when? \_\_\_\_\_

## References

Please provide two letters of reference that attest to your commitment, dedication, work ethic and passion towards the theatre arts. Please include contact information for the referring parties.

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Institution: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## Previous Theatre Arts Experience

Please give us some information on your previous involvement with theatrical productions. (Include extra sheet if required)

Name of group: \_\_\_\_\_

Show title: \_\_\_\_\_ Director: \_\_\_\_\_

Role in show: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Name of group: \_\_\_\_\_

Show title: \_\_\_\_\_ Director: \_\_\_\_\_

Role in show: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

**Consent to use personal information:** Do you consent to Red Deer Players utilizing the personal information you have provided through this application for publicity purposes

YES

NO

Additional Information, if required.

