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|  | Red Deer Players |

# Carole Forhan Theatre Arts Scholarship Application

## Applicant Information

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| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | Last | First | . |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | Province | Postal Code |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email |  |
|  |  |  |  |

|  |  |
| --- | --- |
| Date of birth |  |

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| --- | --- |
| Workshop or Program the funds will be used for: |  |

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

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

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| Organization offering program or workshop: |  |

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| --- | --- |
| Date of Program or Workshop: |  |

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| --- | --- | --- | --- | --- |
| 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? |  |

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## 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.

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|  |  |  |  |
| 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)

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| --- | --- |
| Name of group: |  |
| Show title: |  | Director: |  |

|  |  |
| --- | --- |
| Role in show: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- |
| From: |  | To: |  |

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|  |  |
| --- | --- |
| Name of group: |  |
| Show title: |  | Director: |  |

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| --- | --- |
| Role in show: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| From: |  | To: |  |

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**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.