

Scholarship Fund

Purpose

This scholarship is meant to assist ACT members who pursue theatrical educational programs. This could be acting, lighting, sound, make-up, directing, or costume related. Any education course, workshop or summer school that will improve community theatre in Manitoba qualifies for funding. By providing these scholarships it is the intention of ACT to support community theatre in Manitoba by advancing skills development among members. This scholarship is available for credits toward a post-secondary educational program.

Who can apply?

Scholarship recipients must have belonged to any ACT member group for a minimum of two years. Money is set aside for this purpose and evaluated annually. Any surplus remaining at year-end is carried forward to the following year. The monies will be allocated on a first-come first-served basis.

Scholarship Application Process

- The application is to be sent to the ACT Secretary who will then forward them to all Board members for approval.
- Mileage (\$0.20/km) to a maximum of \$100.00 can be claimed.
- Once approval or denial of application has been decided the ACT Secretary will notify the applicant.
- All monies will be forwarded to the successful applicant only after the ACT Board has received the completed Invoice with copies of the original receipts verifying attendance and a report concerning the course submitted.
- The invoice for an approved application will be forwarded to the ACT Treasurer, who will then reimburse the applicant.

Application and Invoice to be forwarded to:

ACT Secretary
Box 733
Pinawa, MB R0E 1L0
Or Email: secretary@actmanitoba.mb.ca

Scholarship Fund – Part 1 – Application

Please complete in block letters

Personal Information

Name: _____ Phone #: _____

Street Address: _____ Email: _____

City/Town: _____ Postal Code: _____

Affiliated ACT Group: _____

How long have you been affiliated with this group? _____

Course/Event Information

Name: _____

Date & Location: _____

Registration/Tuition amount: \$ _____

Supplies and amount (if applicable): \$ _____

Travel (\$0.20/km – max of \$100.00): \$ _____

Total amount requested: \$ _____

Are you applying for funding from any other agency? Yes / No

If yes, which agency? _____

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

Please provide two references for this application:

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Email _____ Email _____

Scholarship Fund – Part 2 – Invoice

Please complete in block letters

Name: _____

Address to send payment: _____

City/Town: _____ Postal Code: _____

Email: _____ Phone #: _____

Name and Date of course/event attended: _____

Name of Instructor: _____

Expenses Claimed (please include copies of all receipts)

Registration/Tuition: \$ _____

Supplies: \$ _____

Mileage: \$ _____ (\$0.20/km to max \$100.00)

Total: \$ _____

Please provide a brief report on the course/event:

<p>For ACT use only</p> <p>Date approved for payment: _____ Cheque #: _____</p> <p>ACT Treasurer Signature: _____</p>
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