



SCHOLARSHIP FUND Information and Application

Purpose

The intent of the ACT Manitoba Scholarship Fund is to offset costs associated with furthering individual ACT members with theatrical educational programs. Funds are set aside for this purpose and evaluated annually with monies being allocated on a first-come first-served basis.

This document covers details about the fund, including who can apply, the application criteria, the application process and the application process within the organization. Further questions should be addressed to your group's assigned ACT Regional Representative.

Who can apply?

Scholarship recipients must have belonged to any ACT member group for a minimum of two years and have not been awarded funds from ACT in the past year.

Criteria

Any educational course, workshop or summer school that will enhance the progress of community theatre in Manitoba will be considered as appropriate to the criteria. This includes, but is not limited to: acting, lighting, sound, make-up, directing, or costuming. However, the scholarship fund is not available for credits towards a post-secondary educational program. Paid mentorship by a professional member will be considered acceptable providing proof of their professional standing can be provided to/by the applicant.

An application may be made for funds to cover: registration, tuition fees, supplies, and references required by the program. Limited mileage may be requested. Reimbursement will only be provided for those expenses supported by receipts.

Scholarship Application Process

Part 1 – Application (Pre-Training):

- Part 1 - Application is to be completed by the applicant, including their group's verification, and sent to the ACT Secretary for submission to the ACT board for approval.
- The member's group verification must be completed by a member of the group's board. For expedience, the board member may email the completed form to the ACT Secretary, directly.
- The application should be received by the ACT Secretary no later than **30 days prior** to the program start; but the earlier the better.

Part 2 – Invoice/Report (Post-Training):

- As soon as possible after the applicant has completed the training, they are to send to the ACT Secretary:
 - A completed Part 2 – Invoice/Report, and
 - Copies of all the original receipts.
- Once the content of the Part 2 – Invoice/Report and receipts have been verified and approved by the ACT board at their next scheduled ACT board meeting, the invoice will then be reimbursed by the ACT Treasurer.

Current Rates (These rates are review and adjusted annually)

The maximum amount that may be requested is \$1,000.00 per application, and may include up to a limit of \$200.00 in mileage.

Both Part 1 – Application (Pre-Training) and Part 2 - Invoice/Report (Post-Training) - are to be forwarded to:

ACT Secretary, 24 8th St, Portage La Prairie MB R1N 1C4

Or Email: secretary@actmanitoba.mb.ca

ACT Manitoba Scholarship Fund – Part 1 – Application (Pre-Training)

Please complete in block letters

Personal Information

Name:	Phone #:
Mailing Address:	Email Address:
City/Town:	Postal Code:
MB	
Affiliated ACT Group:	
How long have you been affiliated with this group?	

Course/Activity Information

Course Name/Subject:
Organization/Facilitator:
Date & Location:

Further Details - What benefits do you expect to receive from this training? Attach course outline, if available.

Requested Funds

Registration/Tuition Amount:	\$
Supplies Required by Course/Event (if applicable):	\$
Travel (see max allowable amount):	\$
Total amount requested:	\$

Are you applying for funding from any other agency?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If yes, which agency?				\$ Amount requested:	<input type="text"/>

Member's Group Verification

I verify that the above named individual has been a member in good standing for the past two years.

Signature: _____ (Note: A physical signature is not required if emailed from the address listed below)

Name:	Position:	Date:
Group:	Email Address:	Phone #:

ACT Manitoba Scholarship Fund – Part 2 – Invoice/Report (Post-Training)

Please complete in block letters

Name:	Phone #:	
Mailing Address:	Email Address:	
City/Town:	MB	Postal Code:
Affiliated ACT Group:		

Course/Activity Information

Course Name/Subject:
Organization/Facilitator:
Date & Location:

Registration/Tuition Amount:	\$
Supplies Required by Course/Event (if applicable):	\$
Travel (see limitations):	\$
Total amount invoiced:	\$

Include copies of all receipts – reimbursement will only be based on receipts provided.

On a scale of 0-4, how would you recommend this course to others? 0 1 2 3 4
(0=Not recommended, 4=Highly Recommend)

On a scale of 0-4, rate how well this training met your expectations? 0 1 2 3 4
(0=Did Not Meet Expectations, 4=Surpassed Expectations)

Additional comments: On a separate page, please provide any additional comments on the activities, their effectiveness as well as any recommendations. Any photos and additional comments provided may be posted onto ACT's social media platforms.

Voluntary Information: In order to assist ACT in securing continued government funding we ask that you consider answering the following question:

1. Do you self-identify with any ethnic, cultural or minority group? If so, please list groups below:

For ACT use only

Date approved for payment: _____ Cheque #: _____

ACT Treasurer Signature: _____