

Scholarship Fund

The 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 affiliated group for a minimum of two years. Money has been set aside annually to cover these scholarships. The monies will be allocated on a first-come first-served basis.

Scholarship Application Process

The application will 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

1523 Patricia Avenue

Brandon, MB R7A 7K7

Or Email: ACTSecretary@mts.net

Scholarship Fund – Part 1 – Application

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

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:

For ACT use only

Date approved for payment: _____ Cheque #: _____

ACT Treasurer Signature: _____