

Okanagan Zone of Theatre BC

Stephen Heal Memorial Scholarship Application Form

Recipient will be announced at the Okanagan Zone Awards Ceremony.

Name: _____

Mailing Address: _____

_____ Postal Code: _____

Telephone: 1) _____ 2) _____

Email address: _____

Club Affiliation: _____

Theatre BC Club Card Membership Number (yours or a parent's): _____

What is the name and location of the school(s) and course of study to which you are applying?

If under 19 years of age, please list full name(s) and address (es) of your parent, guardian or sponsor:

Please Attach:

1. TWO Letters of Reference from people who are familiar with your interest and experience in theatre.
2. A letter stating your reasons for pursuing further theatre training.
3. A statement of theatre experience or theatre resume with specific reference to previous community theatre involvement.

DEADLINE For Receipt of Applications: April 30th

I hereby declare that the above information is to the best of my knowledge correct and complete.

Signature of Applicant Date: _____

Please List Attachments: