

OFF THE BEATEN TRACK - DRAMA WORKSHOP PARTICIPANT SPONSORSHIP APPLICATION

APPLICANT DETAILS:

Name: _____ Age: _____

Address: _____

What previous experience have you had in any performing arts? Please list _____

Have you done any classes or other workshops in any performing arts? Please list.

Why do you want to attend the Off the Beaten Track program? _____

Please say briefly why the scholarship would assist you. _____

PARENT/GUARDIAN CONTACT DETAILS:

Name: _____ Phone: _____

Address: _____

Email: _____

How did you hear about these workshops/classes? _____

Guardian Signature: _____ Date: _____