

* APPLICATION FORM *

HAIRY TEASE PRODUCTIONS THEATRE ARTS BURSARY

FIRST NAME	SURNAME
ADDRESS	
	POSTAL CODE
TELEPHONE (HOME)	(CELL)
HIGH SCHOOL ATTENDED	
AGE AS OF JUNE '19	THEATRE ARTS MK (MID-TERM OR FINAL)%
NAME OF THEATRE ARTS	20 TEACHER
NAME OF INTENDED POST	SECONDARY SCHOOL & COURSE OF STUDY:
	UCTIONS YOU'VE BEEN INVOLVED WITH SINCE GR.9 OR ROLE. Use back if necessary.
WHY ARE YOU PURSUING	

WHY DO YOU FEEL YOU DESERVE THIS AWARD? Use back if necessary.	

Please send this completed application form with your video (5 min. or less) and letter of recommendation to: Michael Granville, 188 Oak Ridge Drive, Moncton, N.B., E1G 0R5. Deadline May 31, 2019.