

BURSARY APPLICATION

Calgary Young People's Theatre
 Box 65067, North Hill P.O., Calgary, AB T2N 4T6
 Phone: (403) 230-2664 Fax: (403) 230-2669

1. INFORMATION ABOUT THE PARTICIPANT:

NAME <i>first</i>		<i>last</i>	AGE
ADDRESS			
CITY	POSTAL CODE	HOME PHONE #	

2. INFORMATION ABOUT THE PARENT/GUARDIAN:

NAME <i>first</i>		<i>last</i>
ADDRESS <i>if different from the PARTICIPANT'S</i>		
CITY	POSTAL CODE	PHONE # <i>Home</i> _____ <i>Work</i> _____ <i>Cell</i> _____

3. INFORMATION ABOUT THE PROGRAM:

NAME OF PROGRAM	PROGRAM NUMBER
DATES OF PROGRAM	
Registration Fee	\$ _____
Amount you can pay toward the Registration Fee (subtract) <i>(If you can pay nothing write zero.)</i>	\$ _____
TOTAL BURSARY REQUEST	\$ _____

4. PROOF OF ELIGIBILITY

How much money does your family get each month? _____

How many people are in you family? _____

 SIGNATURE OF PARENT/GUARDIAN

 DATE

DO NOT FILL IN – IT IS FOR OFFICE USE ONLY

Approved: _____ Date: _____ Staff Signature: _____

All information will be kept confidential and will only be viewed by CYPT staff and Board of Directors.