



The Old Courthouse Cultural Centre
7 Seymour Street West Kamloops, BC V2C 1E4
Tel: (778) 471-5620 ♦ Toll: 1-888-202-2913 ♦ Fax: (778) 471-5639
Web: www.theatrebc.org Email: info@theatrebc.org

Mainstage High School Student Scholarship Application Form

Student's Full Name: _____

Parent(s) or Guardian(s) Name(s): _____

Mailing Address: _____

City: _____ Province: _____

Postal Code _____

Home Ph: _____ Cell Ph: _____

Email Address: _____

School: _____

Drama Teacher's Name: _____

Current High School Year: _____

Briefly tell us why you believe you should be selected for this scholarship opportunity:

Describe your future plans in terms of participation in theatre and/or the arts:





Briefly describe what you hope to gain from the Mainstage Festival experience:

Four horizontal lines for writing a response.

Have you been a recipient of the Mainstage Scholarship in the past?

Yes If yes, what year? _____ No

PLEASE INCLUDE THE FOLLOWING WITH YOUR APPLICATION

- a) One letter of reference from a teacher or instructor from a school that you attend who is familiar with your interest and experience in theatre;
b) One letter of reference from someone who is familiar with your interest and experience in theatre;
c) One cover letter and current resume, listing related theatre experiences;

The following item is 'optional' but highly recommended if available.

- a) Media articles, pictures or other references to your past theatre experiences

POST EVALUATION REQUIRED

- Recipients of the Mainstage High School Student Scholarship will be required to submit a short 1 to 2 page evaluation of their experiences during the Mainstage Festival.

DEADLINE for Submission
May 31 Annually

Send your completed application to:

Theatre BC

Old Courthouse Cultural Centre

7 Seymour Street West

Kamloops, BC V2C 1E4

- or -

Fax to: (778) 471-5639

- or -

Email to: scholarships@theatrebc.org

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

Signature of Applicant: _____ Date: _____

Signature of Parent or Guardian _____ Date: _____

