



Theatre BC Okanagan Zone

Steve Heal Memorial Scholarship Application form

Recipient will be announced at the Okanagan Zone Awards Ceremony

Name: _____

Address: _____

City: _____ Prov: _____ Postal Code _____

Home Phone: _____ Mobile Phone: _____

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: September 15.

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

Signautre of Applicant

Date

Please send completed forms and all attachments to:

The Steve Heal Memorial Scholarship

c/o Adele Kuyek

#3 - 3901 35th Avenue

Vernon, BC V1T 2V1