

IAN WARDLAW DRAMA TRUST APPLICATION FOR BURSARY/FINANCIAL ASSISTANCE

('You are eligible to apply if you are resident or connected to Dumfries & Galloway and you are not a professional Actor')

1.	Full name of Applicant
	Address and Postcode
3.	(a) Date of Birth
	(b) Telephone number
	(c) Email
4.	Occupation
5.	(a) Please give details of any Drama project participated-in whilst at school, college or university.
(b)	Please give details of any youth theatre, amateur dramatics or other drama projects in which you have participated in your own time.
6.	Are you presently a member of a theatrical or drama club either in or outwith

	Dumfries & Galloway? If so please specify which and the date when you joined.
7.	Do you have any family or other connection with Dumfries & Galloway or the performance of drama in the South West of Scotland?
8.	Please tell us about the particular project for which you are applying for funding help (when is it, how long is it, who you will be doing it with, where it will be held, what activities you will do and why you wish to be involved in it)
9.	(a) What is the total cost of your project? Please provide a simple breakdown of the costs (eg course fees, accommodation expenses, travel expenses)
	(b) Please give details of any other funding for which you have applied.
	(c) Please give details of any fund-raising events you are planning or have been involved in.

(d) What other financial support (if any) do you have? Have you applied to any other grant awarding bodies for support? If so please specify		
see an example of your work? <i>(please</i>	erformances that the Trustees could attend to e give the time, place and name of the event ng eg actor, director, stage manager etc).	
11. Please provide Two references in support of your application if request A referee is someone who can tell us a bit more about you. (It consume who knows you well, a Youth Theatre leader or a director you has Please give us the names, addresses, e-mail and telephone numbersons who would be willing to support your application.		
Name Address	Name Address	
Contact Tel No	Contact Tel No	
e-mail	e-mail	
12. If you wish to be considered for one of our special commemorative award names of former Trustees: THE EDWARD BALLARD AWARD and the DANIEL AWARD please indicate: Yes/No		
DECLARATION		
I declare that the information supplied in making this application is true and accident best of my knowledge and belief.		
(Signed)		