



**THEATRE SCHOOL
APPLICATION FOR
FINANCIAL ASSISTANCE**

2 FORKS MARKET ROAD, Winnipeg, MB R3C 4X1
204.947.0394 x230 • 1.877.871.MTYP (6897) • f: 204.943.4129
theatreschool@mtyp.ca • mtyp.ca

Manitoba Theatre for Young People offers various forms of financial assistance to prospective Fall, Winter and Spring Session and Summer Camp students at our Theatre School. If you would like to be considered for financial assistance, please fill out the following form and submit it with your registration form.

A spot will be held in the requested class(es) for you (subject to availability when you submit your forms) upon MTYP receiving these forms, and you will be told your results **in the week before classes begin for the session you are applying for** or sooner if we are able. If you plan on applying for financial assistance for more than one session/camp, please fill out one form for each.

Name of Student _____ Current Age _____ Date of Birth _____ / _____ / _____
MM DD YYYY

Address _____

City / Province _____ Postal Code _____

Parent / Guardian Name _____ Relationship to the Student _____

Phone _____ Cell Phone _____

Email _____

Name of Class you wish to register for: _____ Class Code _____

Name of Class you wish to register for: _____ Class Code _____

HAS THE STUDENT TAKEN CLASSES AT MTYP BEFORE? Yes No

If you answered "Yes", what is the name of the last course you took? _____

HAS THE STUDENT STUDIED ACTING ANYWHERE ELSE? Yes No

If you answered "Yes", please share with us where _____

What was the name of the class/course you took there? _____

**PLEASE INDICATE YOUR TOTAL
HOUSEHOLD INCOME FOR
LAST YEAR**

MTYP is committed to engaging a diverse community through our training programs and additional financial assistance may be available to those students who qualify. **Please indicate, if you wish to do so, the ethno-cultural community the student identifies with, if any:**

\$ _____

**ON PAGE TWO OF THIS PDF IS A SECTION TO BE COMPLETED BY THE STUDENT.
BOTH PAGES MUST BE FILLED OUT FOR YOUR APPLICATION TO BE CONSIDERED.**



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STUDENT ESSAY FORM

Please let us know why you want to come to MTYP’s Theatre School and what you hope to learn and do in your class(es) with us!

Name of Student _____

Make sure to attach this completed form to the completed Application for Financial Assistance Form when you register for your class.

Date written _____

PLEASE MAKE SURE TO FILL OUT AN MTYP THEATRE SCHOOL REGISTRATION FORM IN ADDITION TO THESE FORMS AND ATTACH ALL TOGETHER