

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

**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

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			C	rront Ass	Data of Pirth / /	
Name of StudentAddress					Date of Birth / / //	
					Postal Code	
,						
Parent / Guardian Name				·		
Email						
Name of Class you wish to register for:					Class Code	
Name of Class you wish to register f	or:				_ Class Code	
HAS THE STUDENT TAKEN CLASSE	S AT MTYP BEFORE?	Yes	No			
If you answered "Yes", what is the na	nme of the last course you	ı 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/cou	rse 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. Please indicate, if you wish to do so, the ethno-cultural community the student identifies with, if any:					
\$	_					
I attest the abov	e informatio	on is	correc		<del> </del>	
ON PAGE TWO OF THIS PDF IS A SE				(ca	regiver signature)	

BOTH PAGES MUST BE FILLED OUT FOR YOUR APPLICATION TO BE CONSIDERED.

Date received \_\_\_\_



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TUDENT 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 inancial Assistance Form when you register for your class.	