



# No Strings Theatre

SUMMER MUSIC THEATRE FOR TEENS

50 Ashburnham Rd, Toronto, ON, M6H 2K3  
Phone (416) 588-5845, Fax (416) 588-1961  
directors@nostringstheatre.com  
[www.nostringstheatre.com](http://www.nostringstheatre.com)

## APPRENTICE SCHOLARSHIP/BURSARY APPLICATION

Given to students who fulfill the requirements as described. (see Apprentice Scholarships and Bursaries)

### STUDENT CONTACT INFO

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ PROV \_\_\_\_\_

PHONE NUMBER (HOME) \_\_\_\_\_ (CELL) \_\_\_\_\_

EMAIL \_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFO

NAME \_\_\_\_\_

ADDRESS (If different) \_\_\_\_\_

PHONE NUMBER(S)

DAY \_\_\_\_\_ NIGHT \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

### STUDENT'S PERSONAL INFO

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_ AGE \_\_\_\_\_

RELEVANT EXPERIENCE: MUSIC, DRAMA, DANCE ETC. INCLUDE CHOIRS, ORCHESTRAS (please use a separate sheet) ...PROVIDE ARTISITIC BIO/RESUME AS WELL AS PHOTO, WORK RESUME AND INCLUDE WITH THIS APPLICATION

---

---

**PLEASE COMPLETE THE FOLLOWING SUPPLIMENTARY NEEDS ASSESSMENT (you may se a separate sheet if needed)**

*FOR STUDENTS*

WHY DO YOU WISH TO PARTICIPATE IN THIS MUSIC THEATRE INTENSIVE?

---

---

---

HOW WILL THIS EXPERIENCE BENFIT YOU?

---

---

---

---

---

---

---

---

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

Submit this form by May 1, to:

No Strings Theatre Productions  
Attn Denise Williams  
50 Ashburnham Rd  
Toronto, ON, M6H 2K3  
phone (416) 588-5845  
fax (416) 588-1961  
[directors@nostringstheatre.com](mailto:directors@nostringstheatre.com)

\*\*\*\*\*

**FOR OFFICE USE ONLY**

**SCOLARSHIP  
BURSARY**