



# 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)

## SUBSIDY APPLICATION

Given to students based on financial need regardless of geographic location. Canadian residents only. As there is a limit of spaces, this will be assessed on a first come first serve basis.

### 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 -- USE SEPARATE SHEET IF NECESSARY)

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**PARENT/GUARDIAN FINANCIAL AND FAMILY INFO**

COMBINED GROSS INCOME (circle one)

UNDER 20,000, 20,000-30,000, 30,000-40,000. 40,000-50,000, 50,000-60,000  
OVER 60,000

MARITAL STATUS

single married separated divorced widowed

# OF DEPENDENTS IN HOUSEHOLD \_\_\_\_\_

ARE YOU LIVING IN ONE OF TORONTO'S PRIORITY AREAS? Yes / No  
If yes, circle which one: (THIS IS NOT A REQUIREMENT OF THE AID)

Crescent Town Flemingdon Park Victoria Village Jamestown  
Jane-Finch Malvern Westminster-Branson Weston-Mount Dennis  
Lawrence Heights Steeles-L'Amoureux Dorset Park  
Eglinton East-Kennedy Park Scarborough Village Kingston-Galloway.

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

*FOR PARENTS/GUARDIANS*

HOW DO YOU FEEL THIS EXPERIENCE WOULD BENEFIT YOUR SON/DAUGHTER?

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WHAT PERCENTAGE REDUCTION OFF OF THE ORIGINAL FEE (refer to registration form) DO YOU THINK YOU COULD MANAGE TO AFFORD?  
20% 25% 30% 40%?

*FOR STUDENTS*

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

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HOW WILL THIS EXPERIENCE BENFIT YOU?

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

Submit this form by June 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)**

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**FOR OFFICE USE ONLY**

REDUCTION PERCENTAGE GRANTED

- 20%
- 25%
- 30%
- 40%