

**BURSARY APPLICATION**

**SLEEPING BEAUTY**

**Name of applicant:**

**Date of Birth of applicant:**

**Email Address:**

**Telephone Number:**

**Please write in the box below why you feel you/your child requires funding from The ATC Bursary.** *For example free school meals, income support, jobseekers allowance, a member of an underrepresented minority etc.* *Please only share what you feel comfortable sharing and know that the information provided will be treated with the strictest confidence.*

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| *(If filling out this form by hand, feel free to use the back if you need more space)* |

**How much of the cost of this production are you hoping The ATC Bursary will cover?** (please circle)

The full amount A specific amount (please state):

**How would being a member of Avocet Theatre Company benefit you/your child?**

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| *(If filling out this form by hand, feel free to use the back if you need more space)* |

**Please note, we may contact you for more information or for supporting evidence / references**