



AUSTRALIAN THEATRE FOR YOUNG PEOPLE **SCHOLARSHIPS**

Scholarship Application for 2011 Workshop Program

TO APPLY

- 1) You must give evidence of a genuine need for financial support
- 2) Complete an application form available from atyp on (02) 9270 2400 or email atyp@atyp.com.au
- 3) If successful in obtaining a scholarship place, you will be notified and asked to complete an enrolment form

**AUSTRALIAN THEATRE FOR YOUNG PEOPLE
APPLICATION FORM**

Form below to be filled out by the young person seeking the scholarship place (or parent), answering every question as fully and as honestly as possible. We will keep all information supplied in this application confidential.

- 1 Applications will be assessed according to the following criteria
 - ability of the applicant to show **commitment** to their participation in an **atyp** workshop
 - assessment of whether the applicant is in **financial need**

- 2 **atyp** expects that Scholarship recipients will:
 - **attend regularly** at the workshop in which he/she is enrolled
 - **participate responsively** and enthusiastically in workshop activities.
 - **report in writing to atyp** about your workshop experience at the end of the term (if you wish to apply for subsequent scholarships this is essential)

YOUR APPLICATION

Name _____ **Date of Birth** _____ **age** _____

Address _____

Suburb _____ **Postcode** _____ **Telephone** _____

Mobile _____ **Email address** _____

Yes, I am happy for atyp to use data for future contact (please tick)

School Attending

I am from an Aboriginal/Torres Strait Islander background (please tick)

Emergency Contact [Family/Guardian]

Name: _____

Relationship: _____ **Best Telephone Number:** _____

How did you find out about the Scholarships program?

Your choice of workshop (please look at the brochure/internet before you decide)

	CODE	WORKSHOP NAME
1 st Preference		
2 nd Preference		

Please describe your current financial situation and how this affects your ability to enrol in an **atyp** workshop:

What financial assistance are you or your parent(s) receiving? (Eg. Austudy, Pension, Employment Benefit etc. We may ask for evidence before the scholarship is awarded)

Have you ever attended an **atyp** workshop before? Yes No

If yes, how many workshops have you been attended? _____

What do you think are the most important things an **atyp** workshop can offer you? (For instance, describe what you think may be the best thing about the workshop and why you would like to be in it in it.)

I declare that the above information is true and accurate to my knowledge and I understand what is expected from me if I am awarded a scholarship.

Signature of applicant: _____ Date: _____

Signature of parent/guardian (if applicant is under 18 years of age)

_____ Date: _____

This page is to assist you in your application only. You do not need to send it back to us.

Application Checklist:

- Yes - I have checked my schedule and I am available to attend my workshop
- Yes - I have completed both application form pages
- Yes - I have signed my form
- Yes - My form is signed by my parent or guardian (if under 18 years)
- Yes - I have selected a first and second preference workshop to attend.

Please return your Financial Scholarship application to:

Sarah Parsons
Workshop Manager
atyp – Australian Theatre for Young People
The Wharf, Pier 4/5 Hickson Road,
Walsh Bay NSW 2000

fax 9251 3909

email: sarah@atyp.com.au

We look forward to meeting you.