



Theatre Courses Hardship Bursary Application form

Name of participant: _____

Date of birth: _____

Contact phone number: _____

Email address: _____

Postal address: _____

I am applying for a bursary for: _____

Benefits provided (please indicate which and attach proof of benefits)

Widowed Parents Allowance

Jobseekers Allowance

Income Support

Referred by Community Link Team/Youth Services/Navigate (Please provide the name of the person at the service who has referred you)

Housing Benefit

Disability Living Allowance

Service:

Name:

Other (Please state)

Please note that Child Benefit does not qualify as a benefit to receive a hardship bursary.

For office use only

Date Received

Signature

Box Office

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Theatre Production Office

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