DRAMA DEVELOPMENT TRUST

Helping you to the next step

APPLICATION FOR WORKSHOP GRANTS UP TO \$500

Please print clearly.		
THEATRE GROUP APPLYING FOR GRANT		
Name		
Address		
Contact Person		
Phone/Mobile		
Email		
INFORMATION RELEVANT TO THIS APPLICATION FOR A GRANT		
1.	WHAT TYPE OF VENTURE DO YOU WISH TO HOLD (Workshop, Seminar, Master Class etc.)? TO COVER WHICH THEATRE CRAFT?	
2.	WHEN WILL IT BE HELD (proposed date/s) AND OVER WHAT DURATION (One day, Weekend etc.)?	
3.	WHERE IS IT INTENDED TO BE HELD? (Venue)	
4.	WHO WILL BE THE PRINCIPAL TUTOR?	
5.	WHY HAVE YOU CHOSEN THIS INDIVIDUAL ?	
6.	ARE YOU INVOVLING OTHER GROUPS? Name them	

- 7. HOW MUCH FINANCIAL ASSISTANCE FROM THE DRAMA DEVELOPMENT TRUST ARE YOU SEEKING?
- 8. WHO ELSE HAVE YOU APPLIED TO, OR INTEND APPLYING TO, FOR ASSISTANCE FOR THIS VENTURE? Please give details and if you know, what was the outcome?

9. PLEASE ATTACH A DETAILED BUDGET OF TOTAL COSTS INVOLVED

PLEASE ALSO ATTACH YOUR MOST RECENT ANNUAL FINANCIAL STATEMENT - AND FEEL FREE TO ADD ANY FURTHER INFORMATION THAT YOU THINK MAY BE HELPFUL IN ASSISTING THE TRUSTEES IN CONSIDERING YOUR APPLICATION.

APPLICATION TO BE SIGNED BY BOTH THE PRESIDENT AND THE TREASURER

PRESIDENT	(Please Print)
SIGNATURE	
DATE	
TREASURER	(Please Print)
SIGNATURE	
DATE	

DRAMA DEVELOPMENT TRUST

Scan completed form and email, together with copy of budget and recent financial report to

margaretr6t@gmail.com