



Valhalla School of Theatre Arts Bursary Request -- 2009 Silverton

Student name: _____ Phone: _____

Parent or guardian's name: _____

ViSTA has a limited bursary fund. Please note that we may not be able to fill all requests. The information you provide will assist us in assessing your request and disbursing funds as fairly and responsibly as possible.

How much are you requesting from the bursary fund for your child? _____

Are there ways you can assist us with program implementation? Please indicate below:

- Beach supervision
- Snack preparation
- Set-up and clean-up for final performance Saturday July 18
- Final clean-up of Gallery Sunday July 19
- Theatrical make-up application
- Other skills or services (please explain): _____

Please give any other information which you feel is relevant to this application:

Please forward this application to:

ViSTA
c/o Katrina Sumrall
in person or via the post at
P.O. Box 31,
New Denver, BC, V0G 1S0.