



Theatre Nova Scotia
Scholarship for Professional Development
Application Form

Applicant Details

Name:	
Permanent Nova Scotia Mailing Address:	
Postal Code:	
Office Phone:	
Cell Phone:	
Email:	
Website or Facebook (*Optional):	

Additional Documents

Please submit the required documents according to the instructions in the Application Guidelines.

Signature

I certify that the information I have provided and contained in this application is correct to the best of my knowledge:

Print Name: _____

Date: _____

Signature: _____