

## CREATIVE ARTS BURSARY PROGRAM

### Steinbach Arts Council Bursary Request Form

**PART A**

DATE: \_\_\_\_\_

NUMBER: \_\_\_\_\_

I am applying for funding assistance for this program: \_\_\_\_\_

Name of Applicant \_\_\_\_\_ Date of Birth (mm/dd/yy) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

Town/City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work # \_\_\_\_\_

Email: \_\_\_\_\_

**PART B**

Total Cost of Program fees only: \_\_\_\_\_

Amount of Bursary requested: \_\_\_\_\_  
(up to 50% of program cost)

Reason for requesting bursary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Anticipated length of support \_\_\_\_\_

Have you requested/received funding from another source? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state amount and source \_\_\_\_\_

**PART C**

(Please circle one.)

Applicant or Guardian/Parent Employment Information:

Place of Employment	Position	Length of Employment

**PART C (continued)**

Monthly (family) net income \$ \_\_\_\_\_

Income from other sources (monthly) \$ \_\_\_\_\_

**TOTAL MONTHLY INCOME** \$ \_\_\_\_\_

**TOTAL MONTHLY EXPENSES** \$ \_\_\_\_\_ (Food, Rent or Mortgage, Utilities, Car/Truck, Other)

**INCOME LESS EXPENSES** \$ \_\_\_\_\_

How many dependants in your family? \_\_\_\_\_ (children under the age of 21)

**PART D**

Name of Recommending Individual \_\_\_\_\_ Phone \_\_\_\_\_

**\*A recommending individual must have known applicant for a minimum of one year and be able to verify the information provided in this application**

Comments by recommending Individual

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**PART E**

I VERIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Signature of recommending individual

Please mail or drop off this completed form in full to:

**SAC Program Assistance Committee  
304 Second Street Steinbach, MB R5G 0T7**

Telephone: 346-1077 Fax: (204) 346-9777

<b>Office Use Only</b> <b>Date Received:</b> _____ <b>Meeting Review Date:</b> _____ <b>Amount Awarded:</b> _____
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**Application Criteria:**

1. **This fund is primarily designed to assist participants in any SAC programs where financial assistance is required.**
2. **For assistance with outside programs, the development or training must be associated with a school or non-profit arts organization. Priority will be given to groups and programs associated with SAC.**
3. **Reviewed on a monthly basis by the Steinbach Arts Council Board Bursary Committee.**
4. **Applicant will receive the Committee's decision within 6 weeks of application. Applicants should apply 6 weeks in advance of program start date.**
5. **Limited number of funds is disbursed in each discipline per fiscal year. All information is confidential.**
6. **A maximum of up to 50% of SAC program/instruction costs will be considered (SAC membership not included)**
7. **A maximum of up to 30% of SAC User Group program costs will be considered (SAC membership fee not included).**
8. **Applicants awarded funds are required to volunteer/participate in SAC programs or events.**
9. **Bursary money will be awarded once the applicant provides a cancelled cheque or cash receipt of remaining funds paid to the program or organization.**