



# Drama Workshop Grant Request 2009-2010

YOU MUST BE A SDA ADULT MEMBER TO APPLY

1. What is the Primary Contact's full name?  
\_\_\_\_\_
2. What is the name of your school?  
\_\_\_\_\_
3. Contact information – Please complete the following:  
Your Telephone number: \_\_\_\_\_  
School Fax number: \_\_\_\_\_  
School Phone Number: \_\_\_\_\_  
Your E-mail address: \_\_\_\_\_  
School's complete mailing address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. How many students will be attending the drama workshop? \_\_\_\_\_
5. What are the ages of the students? \_\_\_\_\_
6. Will the workshop be held at the school? \_\_\_ Yes \_\_\_ No  
Please indicate location: \_\_\_\_\_
7. What kind of drama workshop do you require? – **BE SPECIFIC --**  
**NOTE: EACH SPONSORED WORKSHOP WILL BE NO MORE THAN TWO**  
**HOURS AND CAN NOT ACCOMMODATE MORE THAN 25 STUDENTS.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

