



Drama Workshop Grant Request

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.

