

Performing Arts Program

Application Cover Page

Name of Organization

Contact Name

Position

Address

City

Province

Postal Code

Telephone

Fax

E-Mail

Website

Charitable Registration Number

Organizational Revenue (from last audited statements)

Signature

Date

Please complete the appropriate section for the program to which you are applying.

STRATEGIC INITIATIVES

Amount Requested

per year

(x 3 =)

over three years

PERFORMING ARTS INTERNSHIPS

Amount Requested

Duration of Internship (specify months or weeks)

Intern Name

Intern's Home Address

City

Province

Postal Code

Telephone

E-Mail

This form must be attached to your application.

METCALF
FOUNDATION

**The George Cedric Metcalf
Charitable Foundation**
174 Avenue Road
Toronto, Ontario M5R 2J1
TEL 416 926 0366
FAX 416 926 0370
www.metcalffoundation.com