

# Performing Arts Program

Application Cover Page

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Name of Organization

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Contact Name Position

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Address

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City Province Postal Code

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Telephone Fax

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E-Mail Website

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Charitable Registration Number Total Organizational Revenue (from last audited statements)

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Signature Date

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

## STRATEGIC INITIATIVES

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Amount Requested per year ( x 3 = ) over three years

## PROFESSIONAL DEVELOPMENT: Internships

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Amount Requested Duration of Internship (specify months or weeks)

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Intern Name

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Intern's Home Address

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City Province Postal Code

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Telephone E-Mail

This form must be attached to your application.

**METCALF**  
**FOUNDATION**

The George Cedric Metcalf  
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