

# Scholarship Application



A limited number of full scholarships to The Second City Training Centre are available each year.

**This application should be completed by the student and submitted to:**

Kristie Gunter, The Second City Training Centre, 99 Blue Jays Way, 3<sup>rd</sup> Floor Toronto ON, M5V9G9

Or emailed to: [kgunter@secondcity.com](mailto:kgunter@secondcity.com)

Scholarship applications are due **30 days PRIOR to the first day of the term you want to attend. Submissions after this date will not be considered.**

Please include all materials at the time of submission (application, resume, personal statements, and letters of recommendation). **Incomplete applications will not be considered.**

**Students will be notified of their status no later than 14 days prior to the beginning of the term they have applied for.**

## Applicant Information

Name:						
Address:						
City:				Prov:		
				Postal:		
Phone:	Home:	( )	Work:	( )	Cell:	
Email:						
I am 19 years old or older	YES		NO		Birth date:	___/___/___

## Preferred Class

NAME OF CLASS	DAY OF THE WEEK	TERM (1, 2, 3, 4, 5, 6)

## Personal Statements

Please attach additional sheets.

Please answer the following questions on an attached sheet. You may answer them individually, or as part of one essay (no more than 500 words).

1. Why do you want to take Second City classes? What is your previous experience with improvisation and/or comedy writing? What do you hope to achieve during this class?
2. Briefly explain your need for financial assistance in order to take this class.

## Résumé

Please attach a copy of your most current acting and/or writing résumé including all relevant training and experience.

## References

<b>Please submit two letters of recommendation with this application.</b> Letters must be from a non-family member. Hard copies are required; no email letters will be accepted. Letters of reference <b>MUST</b> be included with application at the time of submission (cannot be sent separately).		
<b>Reference #1</b>	Name:	
	Relationship to Student:	
	Phone Number:	
<hr/>		
<b>Reference #2</b>	Name:	
	Relationship to Student:	
	Phone Number:	

## Signature

I authorize The Second City Training Center to contact my references regarding this application. I confirm that the information provided is correct, and that I am nineteen years of age or older.	
<b>Student's Signature</b>	<b>Date Submitted:</b>

### Application Checklist

**Please be sure your submission contains the following:**

- Completed application with desired class sessions indicated.
- Personal statements
- Current Resume
- 2 Letters of Recommendation

**Incomplete applications will not be accepted.**