

The Tom MacFarlane Memorial Scholarship

www.e-m-p.ca

Application Form

Name: _____

Address: _____

Phone: _____ Email: _____

Secondary School: _____ Address: _____

References:

- **High School Teacher Reference**

(teacher who has completed a letter of reference for this application)

- **Name:**

- **Position:**

- **Email:**

2. Performing Arts Reference

(Instructor, mentor, director, producer – no family or friends)

- **Name:**

- **Relationship to Applicant:**

- **Email:**

Application Criteria:

☒ Completed Application Form

- **Essay (350-500 words)**

- Introduce yourself
- Defend your merit for this award; i.e grades, awards achieved in this area

- Detail your experiences and activities in the performing arts

- Explain how the prize money will be used to improve your skills in this area

- **Reference Letter** from a high school teacher, addressed to the Board, providing evidence of why you deserve this award
- **Video** – 3-5 minute recent video (within the last 3 months) showcasing your performing art OR a Portfolio for the production application.

CHECK LIST:

- I hereby certify that the information provided is accurate and true
- I understand that falsifying information will result in disqualification from the application process.
- I certify that I am a permanent resident of Etobicoke.
- I agree to be contacted by EMP regarding this award.
- I agree to be acknowledged in future publications by EMP and its affiliates should I receive this award.

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Signature: _____ Date: _____

Due Date: May 16, 2025

Send completed application package to: **emproductions1966@gmail.com**