**YOUNG Three Up Program:
PEOPLE’S Application Form
THEATRE**

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YOUTH LAST NAME, FIRST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
LEGAL GUARDIAN(S) LAST NAME, FIRST NAME

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
MAILING ADDRESS (NUMBER, STREET NAME, CITY, PROVINCE, POSTAL CODE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
EMAIL ADDRESS PHONE NUMBER

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
ANY ADDITIONAL INFORMATION THAT WE SHOULD BE AWARE OF (MEDICAL OR OTHER)

**Please answer the following questions on a separate page.**

* **Why do you want to participate in the Three Up Program?**
* **What areas of writing are you particularly interested in? Why?**
* **Have you ever participated in a young writer’s workshop before?**
* **Anything else we should know about you?**

**Please attach two short samples of your writing.**

**Please answer the following in one sentence each:**

**What do you think is the most powerful word in the English language?**

**Describe the place you feel safest.**

**What’s the cruelest thing one person can say to another?**