

NATIONAL ARTS COUNCIL

TEL. 295 200

APPLICATION FORM

SHORT STORY WRITING WORKSHOP

*Name:* -----

*Age:* -----

*Residence:* -----

*Workplace:* -----

*Tel:* -----

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ATTACHMENTS WITH APPLICATION FORM

Short Story Writing Workshop: 1 short story

Please submit typed manuscripts

Deadline for submission of Application forms:

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