A picture containing text

Description automatically generated Registered charity number 500239

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| APPLICATION FOR THE AWARD OF A MUSIC BURSARY | | | |
| FULL NAME: | | | DATE OF BIRTH: |
|  | | |  |
| HOME ADDRESS: | | | |
|  | | | |
| POST CODE: |  | | |
| TEL: | | EMAIL: | |
|  | |  | |
| IF APPLYING ON BEHALF OF SOMEONE ELSE, PLEASE ENTER YOUR FULL NAME AND ADDRESS: | | | |
|  | | | |
| LIST SCHOOLS OR COLLEGES ATTENDED OR PLANNED TO ATTEND, WITH DATES AND AWARDS GAINED, OR COURSES TAKEN: | | | |
|  | | | |
| MUSIC QUALIFICATIONS AND EXPERIENCE: | | | |
|  | | | |
| REASONS FOR APPLYING FOR BURSARY: (e.g Purchase of books, equipment, course fees, expenses etc): | | | |
|  | | | |
| WHAT WILL THE BURSARY HELP YOU TO ACHIEVE: | | | |
|  | | | |
| REFEREES: Please provide the names and addresses of two people to whom reference may be made: | | | |
| 1)  2) | | | |
| LIST YOUR SUBMISSION(S) AND FORMAT (e.g. Score, DVD, WAV, MP3): | | | |
|  | | | |
| CONSENT: I agree that, if my application is successful, I will participate in an award ceremony which the Society may arrange, and I will accept an invitation to take part in one of the Society’s concerts on a date mutually arranged: | | | |
| Signed:  Date: | | | |

Please send your completed form to:

Post: Mrs. Thelma Clark, 6 Stenton Close, Southwell, NG25 0BJ

Email: [thelma@g-and-t.me.uk](mailto:thelma@g-and-t.me.uk)