

## APPLICANT'S DETAILS

\*Title:  \*Forename:  *[Personal name the applicant normally uses]*

\*Surname:  *[Family name]*

Relationship to Beneficiary:  *[e.g. Mother, Father, Carer, Teacher]*

\*Address:  *[1st line of home address]*

\*Town/City:

\*Postcode:

\*Telephone:  *[Most often available weekdays 9am-5pm]*

\*Email address:  *[Applicant's email address for correspondence]*

## BENEFICIARY'S DETAILS

\*Forename:  *[Personal name the beneficiary is normally known by]*

\*Surname:  *[Family name]*

she/her  he/him  they/them  other  *[Select pronouns to be used in our communications]*

\*Date of Birth:

\*Address:  *[1st line of address where normally resident]*

\*Town/City:

\*Postcode:

\*Current Main School/College:  
 *[Full name of school, academy or college which the beneficiary normally attends]*

Town/City:  *[Town or city in which the school, academy or college is located]*

Headteacher/Principal's Name:  
 *[Name of the school, academy or college's most senior manager]*

## COURSE/ACTIVITY

\*Providing Organisation:

*[Full name of the organisation providing the activity for which funding is requested]*

Address:

*[1st line of address for the organisation's administration centre]*

Town/City:

Postcode:

Country if not UK:

*[Enter the country if the address is not within the UK]*

Telephone:

*[Most often available weekdays 9am-5pm]*

\*Email address:

*[Organisation's contact address for emails]*

\*Title of Course/Activity:

*[Title of the activity for which funding is requested]*

\*Venue/Location:

*[Venue or location where the activity will take place]*

\*Course Dates:

*[Date the activity will take place, or start and end dates if more than a single day]*

\*Course Fees/Cost: £

*[Total fees to be paid to the organisation after any discounts, including any residential fees]*

\*Residential

\*Non-Residential

*[Select whether or not the beneficiary will be resident at the venue overnight]*

## MUSICAL EXPERIENCE

\*Instrument:

*[Type of instrument the beneficiary will be mainly playing during the activity]*

Age when Started Learning To Play:

*[Age at which the beneficiary first took up playing]*

\*Qualification or Grade Achieved:

*[Highest ABRSM (Royal School of Music) grade achieved or other musical qualification achieved on this instrument]*

Summary of Any Other Musical Experience:

*[Briefly summarise any other musical experience gained, e.g. key performances with this or other instruments or in composition. If you need more space to write, then continue by using the box on the next page.]*

# MUSICAL EXPERIENCE

Summary of Any Other Musical Experience - *only use if you need to:*

# FAMILY/HOUSEHOLD CIRCUMSTANCES

The information you provide here will be seen only by the Charity's trustees in order to help them to decide about whether to offer you a financial award, except that a summary of this information may be passed to your chosen referee.

Please enter the number of adults (currently aged 18 or over) and the number of children (currently under 18) in the beneficiary's household who normally live at the beneficiary's usual residential address. Include the beneficiary in these numbers.

\*No. of Adults:  *[Individuals 18 years or over normally residing at the beneficiary's address]*

\*No. of Children:  *[Individuals under 18 years normally residing at the beneficiary's address]*

Select the amount shown below that most accurately represents the TOTAL income (before tax) of household members over the last twelve months. Add together the income of all the adults and all the children included above, including all earned income (e.g. from employment) and unearned income (such as state benefits, pensions or maintenance payments)

- £25,000 or less:
  - £25,001 - £35,000:
  - £35,001 - £45,000:
  - £45,001 - £55,000:
  - £55,001 - £75,000:
  - More than £75,000:
- [Choose the range which best represents the total household income]*

## FAMILY/HOUSEHOLD CIRCUMSTANCES

Tell us anything else about the beneficiary's or the family's circumstances that you feel will help us to make a decision about this application:

*[Enter any further information that you feel is important we should bear in mind when making a decision]*

## REFERENCE

Please enter the details of someone who has consented to be approached by us for further information about the Beneficiary's background or circumstances and musical potential

\*Name of Referee:  *[The job title or role assigned to the Referee]*

Post Held or Professional Status:

Telephone:

\*Email Address:  *[Referee's contact address for emails]*

## AMOUNT REQUESTED

\*Amount requested towards costs of course fees:

£

*[Enter the amount of funding you are requesting towards the total course fees]*

\*Amount requested towards travel costs:

£

*[Enter the amount of funding you are requesting towards the cost of transport or travel, if zero type in '0']*

\*Amount requested towards other costs:

£

*[Enter the amount of funding you are requesting towards any other costs associated with the Beneficiary undertaking the activity, if zero type in '0', then click the return key]*

Total amount requested: £

*[If using a Safari browser, you will need to fill in the total]*

Please provide further details of any amounts requested above under Travel and/or Other Costs:

*[Enter a breakdown of how the sums shown for travel or other costs have been calculated]*

If the Applicant or the Beneficiary or anyone else has applied or intends to apply for a grant towards the costs of the Beneficiary's involvement in this course/activity - either from the course provider or any other charity or similar body - give details of the organisation/s and the amounts requested from them:

*[Enter the names of organisations or individuals, amounts requested or to be requested, and whether each request has been successful or not]*

## DECLARATION BY PARENT/S OR CARER/S

I/we, the parent/s or carer/s of the beneficiary, consent to this grant application being submitted, and will do everything I/we can to enable the beneficiary to attend, participate fully in and gain long-term benefit from the course/activity.

\*Parent/Carer's name/s:

## DECLARATION BY APPLICANT

**Please check carefully that all the required fields are filled in**, these have a (\*) / highlighted in red.

Then you must complete the following declaration as the Applicant to confirm the accuracy of all the information you have provided on the form before emailing the form to us as a pdf document. Submitting the completed form to us indicates that you abide by this declaration.

I, the applicant, confirm that all the information on this application form is true and accurate to the best of my knowledge:

\*Applicant's Name:

\*Date of Submission: