Shape, circle

Description automatically generatedThe Martin Schellenberg Music Trust

**Request for Funding**

|  |  |
| --- | --- |
| **SECTION A: APPLICANT’S DETAILS**  *Details of the person intended to benefit from the award* | |
| **Full Name** | |
| **Date of birth** | **Preferred personal pronoun:**  he/him/his  she/her/her  they/them their |
| **E-mail** | **Phone number** |
| **Address (including postcode)** | |
|  | |

|  |  |
| --- | --- |
| **SECTION B: DETAILS OF GUARDIAN**  *To be completed for applicants under 18 years old* | |
| **Title and Full Name** | |
| **E-mail** | **Phone number** |
| **Relationship to applicant** | |
| **Address (including postcode)** | |
|  | |

|  |
| --- |
| **SECTION C: REQUEST DETAILS** |
| **How will the grant be used, if your application is successful?** *(Maximum 150 words)* |
| **Amount required (£)**  *Enter the total cost of whatever you would like TMSMT to support (e.g. lessons, equipment)*  *Please provide supporting information in separate documents* |
| **How much are you requesting from TMSMT?** |

|  |
| --- |
| **SECTION D: APPLICANT’S MUSICAL EDUCATION**  *Details of the person intended to benefit from the award* |
| **Musical education: teacher/institution, dates & achievements**  *Please include all relevant information, including your current/last teacher / institution* |
| **Name of teacher/institution** |
| **Address** |
| **Course of study / qualification** |
| **Attendance start date** |
| **Attendance end date** |
| **Achievements:** including exam results (date / instrument / grade (pass, merit, distinction etc)), significant performances, etc |
| **SECTION E: SELECTION CRITERIA** |
| **EXCELLENCE: Please provide a summary of your key achievements, performance highlights and any prizes or competitions that you have participated in and are not captured above** *(Maximum 250 words.)* |
| *Enter your answer here* |

|  |
| --- |
| **POTENTIAL: Please state your ambitions, goals and future plans, and give evidence of your commitment to learning and training** *(Maximum 250 words)* |
| *Enter your answer here* |
| **OTHER CONSIDERATIONS: Please mention any other considerations you wish TMSMT to take into account** *(Maximum 250 words)* |
| *Enter your answer here* |

|  |
| --- |
| **SECTION F: OTHER REQUESTS FOR SUPPORT** |
| Has an application for assistance been made elsewhere? Yes / No |
| ***If yes, please complete the following:*** |
| Name of granting organisation |
| Date application was made |
| Amount requested |
| Date decision expected |
| Outcome of request, if already known |

|  |  |  |  |
| --- | --- | --- | --- |
| **SECTION G: FINANCIAL INFORMATION**  *Please complete the following for requests of £500 or more*  *For applicants under 18 years complete with household income information* | | | |
| 1. **What is your current income?** | | | |
|  | £ Amount | *Average monthly* | *Gross annual* |
| 1. **What are your average monthly outgoings?** | | | |
| £ Amount | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Do you currently have any unearned income (e.g. savings or investments)?** | | | | | |
| No |  | Yes |  | *If yes, please state how much in the past year.* | £ Amount |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. **Do you have other means of financial support?** | | | | | |
| No |  | Yes |  | *If yes, please provide details.* | £ Amount |

|  |  |
| --- | --- |
| **SECTION H: REFERENCES**  *Please provide the names and contact details of two people who TMSMT can approach for a reference in support of this application.*  *At least one reference should be from a qualified teacher* | |
| **REFERENCE 1** | |
| **Full Name** | **Qualifications** |
| **E-mail** | **Phone number** |
| **Address (including postcode)** | |
| **Relationship to applicant** | |
|  | |
| **REFERENCE 2** | |
| **Full Name** | |
| **E-mail** | **Phone number** |
| **Address (including postcode)** | |
| **Relationship to applicant** | |
|  | |

|  |  |  |
| --- | --- | --- |
| **SECTION I: DECLARATION** | | |
| * **I declare that the information I have given on this form is correct and complete to the best of my knowledge. I understand that evidence may be requested to support my responses and that giving false information will automatically disqualify my application.** * **I have read and understood the Data Protection information, and consent to the processing of my personal data for the purpose of processing, verify and determining this application.** | | |
| Signature | Please PRINT your name here | Date |

Please note that if this application is successful, funding will only be made available after production of a receipt or directly to the supplier on the basis of an invoice.

TMSMT data privacy notice can be accessed [here](https://www.tmsmusictrust.co.uk/_files/ugd/55cb47_fa438db503ff4ca8a9f2697e645cac93.pdf).