The Martin Schellenberg Music Trust

**Request for Funding**

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| **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)** |
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| **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)** |
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| **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?** |

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| **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*  |

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| **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*  |

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| **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 |

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| **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?**
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|  | £ Amount | *Average monthly* [ ]  | *Gross annual* [ ]  |
| 1. **What are your average monthly outgoings?**
 |
|  £ Amount |

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| 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 |

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

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| **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** |
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| **REFERENCE 2** |
| **Full Name**  |
| **E-mail**  | **Phone number** |
| **Address (including postcode)** |
| **Relationship to applicant** |
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| **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.**
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| 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).