**APPLICATION CRITERIA:**

* The Young Musicians’ Fund is SOLELY for the benefit of individuals under the age of 25 who are in need of funds to further their participation in, study or practice of music.
* Grants are not available to support full-time education, or Postgraduate courses.
* Grants awarded are only to be used for the specific purpose/project detailed in the application.
* Retrospective applications (i.e., applications in respect of expenditure already incurred) will not be considered.
* Two References must be submitted with this application.
* If the Grant sought is for the purchase of an instrument, the Applicant’s primary Referee must be their music/instrumental teacher.
* If the Grant sought is for any other purpose, the Applicant’s primary Referee must be someone who can speak to the Applicant’s musical abilities and interest.
* Without consent from The Finzi Trust, grant funds must be spent within 6 months of their being received by the beneficiaries.
1. **DETAILS OF APPLICANT:**

Please state whether you are applying as: (please tick box)

* An individual seeking a grant for yourself [ ]
* A parent/guardian on behalf of a person aged under 18 [ ]

**1.2.**

|  |  |
| --- | --- |
| **NAME** |  |
| **ADDRESS** |   |
| **POSTCODE** |  |
| **TEL/MOBILE**  |  |
| **EMAIL** |  |
| **[*Alternative email*]** |  |

**1.3.**

|  |  |
| --- | --- |
| **DATE OF BIRTH OF GRANT APPLICANT [DD/MM/YYYY]**\* A date of birth is required as the Young Musicians Fund is for the benefit of musicians below the age of 25. |  |

1. **GRANT AMOUNT APPLIED FOR:**

|  |  |
| --- | --- |
| **GRANT AMOUNT APPLIED FOR:**  | £ |

1. **PURPOSE OF APPLICATION:**

Please give a full description of why you are applying to The Finzi Trust:

Please detail why you believe you/the Applicant is eligible for support and provide an explanation as to why you/they require financial help to fund the purchase/project/course:

|  |
| --- |
| Insert details here:  |

1. **SUPPORTING INFORMATION:**

Please provide as part of this application full details of education to date, occupation *[if applicable],* and musical background:

|  |
| --- |
| Insert details here:  |

* 1. **FINANCIAL INFORMATION:**

Please set out why you require these funds and, in so far as relevant, please provide details of your financial circumstances:

|  |
| --- |
| Insert details here:  |

* 1. Please provide a detailed breakdown of the costs of the purchase/project/course:

|  |
| --- |
| Insert details here:  |

1. **REFERENCES:**

Please provide full name and contact details and supporting statements from TWO referees:

[Please paste the statements into this form or submit them as attachments along with this application]

* If the Grant sought is for the purchase of an instrument, the Applicant’s primary Referee must be their music/instrumental teacher.
* If the Grant sought is for any other purpose, the Applicant’s primary Referee must be someone who can speak to the Applicant’s musical abilities and interest.
* The second Referee should be an individual who has known the Applicant for at least two years and is of professional standing.
* Please note: References from family members/relatives are not acceptable. If you have been in employment, your second Referee should be your employer.
	1. **CONTACT DETAILS FOR PRIMARY REFEREE:**

|  |  |
| --- | --- |
| **NAME** |  |
| **NAME OF INSTITUTION** **[if applicable]** |  |
| **POSITION** |  |
| **ADDRESS** |  |
| **POSTCODE** |  |
| **TEL/MOBILE**  |  |
| **EMAIL** |  |

* 1. **SUPPORTING STATEMENT FROM PRIMARY REFEREE:**

|  |
| --- |
| Insert details here:  |

* 1. **CONTACT DETAILS FOR SECOND REFEREE:**

|  |  |
| --- | --- |
| **NAME** |  |
| **POSITION** |  |
| **ADDRESS** |  |
| **POSTCODE** |  |
| **TEL/MOBILE**  |  |
| **EMAIL** |  |

* 1. **WRITTEN STATEMENT FROM SECOND REFEREE:**

|  |
| --- |
| Insert details here:  |

1. **INFORMATION ON OTHER APPLICATIONS FOR FUNDING:**

Have you made any other applications for funding for this purchase/project/course?

**YES:** [ ]  **NO:** [ ]

If YES, please give details below:

|  |
| --- |
| Insert details here:  |

**DECLARATION:**

* **If successful, Applicants will be expected to provide evidence of the benefit of the grant [photographs or a brief video/other media AND a personal statement on their project], for use in the Finzi Trust’s social media/website to help publicise its work.**
* **Grant recipients must submit this evidence within 6 months of the date funds are released to them.**
* **Successful Applicants will also be expected to credit The Finzi Trust for their award on social media/in any publicity relating to the purchase/project/course.**

**I confirm that I agree to these terms:** [ ]

**I certify that the information provided in this application is accurate and correct:** [ ]

**DETAILS OF PERSON COMPLETING THIS APPLICATION:**

|  |  |
| --- | --- |
| **NAME** |  |
| **E - SIGNATURE** |  |
| **DATE** |  |

Once completed, please save this application and e-mail it together with all the necessary supporting information to **admin@geraldfinzi.org.**

**PLEASE NOTE:**

* Applications submitted without the required supporting information will not generally be considered.
* Applications received after the application deadline [1st February or 1st September] may be rolled over for consideration at the next/following Grants Committee Meeting.
* Applicants are requested not to contact the Finzi Trust by telephone.
* The Trustees’ deliberations are confidential.
* The Trust regrets that feedback cannot be given on applications.