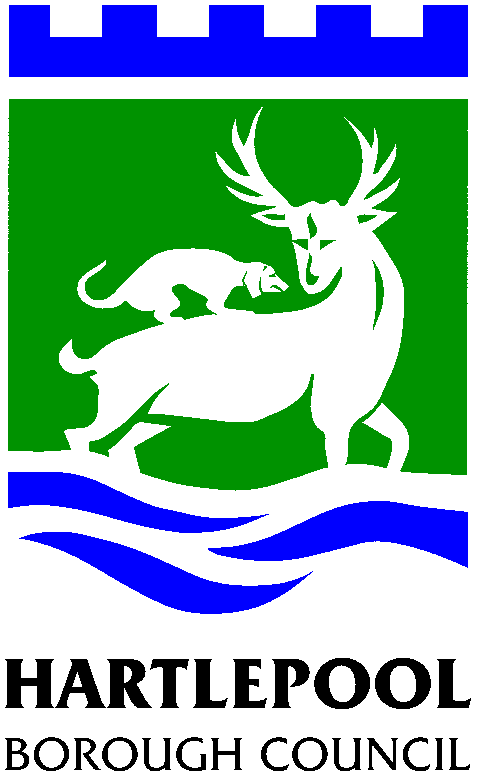
# OCT 2018

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**CHILD AND ADULT SERVICES DEPARTMENT**

**THE PRESTON SIMPSON AND STERNDALE**

**YOUNG MUSICIANS TRUST**

**APPLICATION FORM**

**\*Please read the guidance notes before completing the form\***

**Forms should be completed electronically prior to printing and signing – Handwritten applications will not be accepted**

**PART A TO BE COMPLETED BY THE CANDIDATE**

|  |  |
| --- | --- |
| Name of Candidate in Full: |  |

|  |  |
| --- | --- |
| Home Address (inc postcode): |  |
| Home & Mobile Telephone No’s: |  |

|  |  |
| --- | --- |
| E-mail address: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Age: |  | DOB: |  |

Please give an outline of your musical education and achievements to date. This should include details of grades obtained:

|  |
| --- |
|  |

Have you received a previous award under the scholarship? If yes please give details of what the award was used for and the date of the award.

|  |
| --- |
|  |

What are your musical intentions for the next five years?

|  |
| --- |
|  |

How will the scholarship help you?

|  |
| --- |
|  |

Please give the names, addresses and email addresses of **two** referees and **supply** written references from them. Your referees need to be able to testify to your general education and character and also to your musical education and capabilities.

**References from relatives will not be considered**. **Failure to supply references will mean that your application cannot be considered.**

If you are studying Music one referee must be your current Music Teacher or Head of Music.

|  |  |
| --- | --- |
| Referee One:  Name & Address: | Referee Two:  Name & Address: |
| E-Mail Address: | E-Mail Address: |

|  |  |
| --- | --- |
| Please state whether you desire to be examined in the proficiency of singing or in a particular instrument. |  |

|  |
| --- |
| Auditions will take place on the 22nd & 23rd February 2019. Please state which day(s) you will be available for auditions (please state both if possible). A letter will be sent to you with the date/time and venue of your audition if you are successful.  **Please Note: The concert and presentation of the awards will be held on 14th September 2019. You must attend in order to receive your award.** |

**Please Note: Copies of the scores of your chosen music will be required for the adjudicators at your audition.**

###### PART B DECLARATION

I/We believe that the information given on this form is complete and correct.

|  |  |
| --- | --- |
| Signature of Candidate: | Date: |

|  |  |
| --- | --- |
| Signature of Parent/Guardian (if the applicant is under the age of 18): | Date: |

|  |
| --- |
| Name of Parent in Full: |

**When completed and signed please return this form and your references to: Judith.Oliver@hartlepool.gov.uk**

**Or alternatively return by post to: Judith Oliver, PA’s Office, Level 4, Hartlepool Borough Council, Civic Centre, Victoria Road, Hartlepool, TS24 8AY.   
Telephone 01429 523914**

**THE DEADLINE FOR COMPLETED APPLICATIONS IS FRIDAY 14th DECEMBER 2018**