



**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**

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| 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:

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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.

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What are your musical intentions for the next five years?

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How will the scholarship help you?

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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.

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

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

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| Auditions will take place on 23 & 24 February 2024 at High Tunstall College of Science. 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 also state if you will be accompanied by anyone at the auditions and at the event if successful. Please provide name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Please Note: The concert and presentation of the awards will be held on 6 July 2024.**  **You must attend in order to receive your award.**  **\*\*\* PLEASE FAMIALIRISE YOURSELF WITH THE VARIATION TO RULES FOR 2024\*\*\***  **Audition and Concert details may change due to government legislation prevailing at that time.** |

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

**Please ensure that you are covered for Copyright.**

###### 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: |

###### PART C DECLARATION – Residence

I/We confirm that the candidate was born in Borough of Hartlepool or having been born elsewhere, have or have had a parent who has lived in the Borough of Hartlepool for not less than five years.

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

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

**When completed and signed please return this form along with your references to: PSST@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 15 JANUARY 2024 – 12 NOON.**