



**GBRT Grant Application Form - Page 1 of 3**

- Grant Application Form to be completed by the Parent or Guardian of the Beneficiary of the grant.
- Please complete using black ink or ball point pen writing in BLOCK CAPITALS and send all requested documentation.
- It is assumed that any successful grant applicants will seek to remain/become involved in school and/or country/area choirs or ensembles where places are available.
- Please supply a copy of the most recent exam comments sheets if possible.
- **All applicants must be available to attend an audition on the afternoon of Sunday 8<sup>th</sup> September** accompanied by a parent or guardian as part of the application process. Applicants should prepare a piece of up to 5 minutes long on the instrument/voice for which you are applying for funding.

**Parent/Guardian Information:**

Title: \_\_\_\_\_ First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Home tel no (inc STD Code): \_\_\_\_\_ Mobile tel no: \_\_\_\_\_

Email address (audition details will be sent by email): \_\_\_\_\_

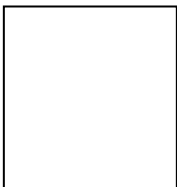
Relationship to beneficiary: \_\_\_\_\_

Although this is not a pre-requisite for applying for a GBRT grant, if you are in receipt of one of the following benefits, please tick the appropriate box and provide recent evidence of each:

- Income Support OR Income-Based Job Seekers Allowance
- Child Tax Credit with an annual taxable income assessed by HMRC of less than £16,040
- Income-Related Employment and Support Allowance
- Pension Credit
- Incapacity Benefit
- Carer's Allowance

**Beneficiary Information:**

Please attach below, by using a paperclip only, a current passport-sized photograph of the applicant signed on the reverse by your instrumental teacher.



First name: \_\_\_\_\_

Last name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number (inc STD Code): \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name of school attended at present: \_\_\_\_\_ School year: \_\_\_\_\_

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Orchestral instrument on which support is requested (Please tick):

**Woodwind:**

- Flute
- Oboe
- Clarinet
- Saxophone
- Bassoon

**Brass:**

- Trumpet
- Trombone
- French Horn
- Tuba
- Euphonium
- Cornet

**String:**

- Violin
- Viola
- Violincello
- Double Bass
- Harp

**Other:**

- Piano
- Percussion
- Classical Guitar
- Bass Guitar
- Electric Guitar
- Voice

Other: \_\_\_\_\_  
(please specify)

Number of years playing instrument/singing: \_\_\_\_\_

Number of years taking lessons: \_\_\_\_\_

Last practical grade taken: \_\_\_\_\_

Date last practical grade taken and result: \_\_\_\_\_

Grades taken and passed (Please tick):

- |  |   |
|--|---|
| Grade 1 Practical <input type="checkbox"/> | Grade 1 Theory <input type="checkbox"/> |
| Grade 2 Practical <input type="checkbox"/> | Grade 2 Theory <input type="checkbox"/> |
| Grade 3 Practical <input type="checkbox"/> | Grade 3 Theory <input type="checkbox"/> |
| Grade 4 Practical <input type="checkbox"/> | Grade 4 Theory <input type="checkbox"/> |
| Grade 5 Practical <input type="checkbox"/> | Grade 5 Theory <input type="checkbox"/> |
| Grade 6 Practical <input type="checkbox"/> | Grade 6 Theory <input type="checkbox"/> |
| Grade 7 Practical <input type="checkbox"/> | Grade 7 Theory <input type="checkbox"/> |
| Grade 8 Practical <input type="checkbox"/> | Grade 8 Theory <input type="checkbox"/> |

Post Grade 8 (Please specify): \_\_\_\_\_

Instrumental/Vocal Teacher's Name: \_\_\_\_\_

Other instruments played, approximate standard and if lessons taken:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Grant Information (PLEASE COMPLETE THIS SECTION ACCURATELY):**

**All grants will be awarded for the 2019/20 academic year.**

Description of grant applied for: \_\_\_\_\_

Cost of grant: Lesson Hourly Rate \_\_\_\_\_ (£)

Lesson Duration \_\_\_\_\_ (minutes)

Frequency of Lessons \_\_\_\_\_ (e.g. weekly, fortnightly, etc)

No of Lessons Per Academic Year \_\_\_\_\_ (max 36 weeks)

Percentage funding requested \_\_\_\_\_ % (If you are able to make a contribution to the cost of lessons please indicate the amount of top up funding required)

In your own words, please give reasons why you are requesting financial support and what impact NOT receiving GBRT support will have on your progression:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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In your own words, describe what your instrument/singing means to you:

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Please provide a list of any competitions and festivals, including dates, that you have taken part in:

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**Equal Opportunities Monitoring:**

Do you consider yourself to have a disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Prefer not to say <input type="checkbox"/>
How would you describe your ethnic origin?	Prefer not to say	<input type="checkbox"/>	
White	British <input type="checkbox"/>	<input type="checkbox"/>	
	Irish <input type="checkbox"/>	<input type="checkbox"/>	
	Any other white background <input type="checkbox"/>	<input type="checkbox"/>	
Black or Black British	African <input type="checkbox"/>	<input type="checkbox"/>	
	Caribbean <input type="checkbox"/>	<input type="checkbox"/>	
	Any other black background <input type="checkbox"/>	<input type="checkbox"/>	
Chinese or other ethnic group	Chinese <input type="checkbox"/>	<input type="checkbox"/>	
	Any other <input type="checkbox"/>	<input type="checkbox"/>	
Mixed	White & Black Caribbean <input type="checkbox"/>	<input type="checkbox"/>	
	White & Black African <input type="checkbox"/>	<input type="checkbox"/>	
	White & Asian <input type="checkbox"/>	<input type="checkbox"/>	
	Any other mixed background <input type="checkbox"/>	<input type="checkbox"/>	
Asian or Asian British	Indian <input type="checkbox"/>	<input type="checkbox"/>	
	Pakistani <input type="checkbox"/>	<input type="checkbox"/>	
	Bangladeshi <input type="checkbox"/>	<input type="checkbox"/>	
	Any other Asian background <input type="checkbox"/>	<input type="checkbox"/>	

**Conditions of Entry:**

- I have read and agree to the Rules and Information of the Great Bowden Recital Trust.
- I, as parent/guardian, am aware of this application and agree that the details contained can be considered for financial support.
- I confirm that all details provided within this entry form are, to the best of my knowledge, true and accurate.
- I understand that support will be immediately withdrawn if any information provided is found to be either inaccurate or not in the spirit of the Great Bowden Recital Trust.
- The information that you give on this form will be used for the purpose of processing this application. The Great Bowden Recital Trust is under a duty to protect the funds that it handles and may use the information you have provided on this form to accurately assess the application and to prevent and detect fraud.
- I understand that the beneficiary must be available to attend an audition on Sunday 8<sup>th</sup> September accompanied by a parent or guardian as part of the application process. The time of the audition will be sent via email after the closing date.

Parent's/ Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's/ Guardian's Name: \_\_\_\_\_

**Please post this form, together with the requested supporting documentation to:  
GBRT, PO Box 10704, Market Harborough LE17 0HL by Wednesday 4<sup>th</sup> September 2019**



**Grant Application Form: Reference 1 From Instrumental/Vocal Teacher**

The Great Bowden Recital Trust was established for the musical development and financial support of local children playing orchestral instruments. Full details of the work of the Trust can be found on the website: [www.gbrecitaltrust.co.uk](http://www.gbrecitaltrust.co.uk)

Your student, named below, is applying for a grant to assist with funding instrumental/vocal lessons from the Great Bowden Recital Trust. Your comments to support this application have been requested.

Beneficiary's name: \_\_\_\_\_

Instrument on which support is being requested: \_\_\_\_\_

How long has applicant been studying with you? \_\_\_\_\_ Yrs \_\_\_\_\_ Mths

Standard on instrument for which grant has been applied: \_\_\_\_\_ (Grade)

Teacher Specific Criteria	Outstanding	Good	Satisfactory	Needs Attention	Comments
Attendance/Punctuality					
Commitment/Enthusiasm					
Level of Personal Practice					
Care of Instrument/Voice					
Technique for Individual's Standard					
Sight Reading/Singing					
Communication Through Music					

Ensemble Membership	School Ensembles	Local Ensemble	County Ensembles
Beneficiary Plays/ Sings In			
Beneficiary Should Play/ Sings In			

Referees remarks: (Comments should be related to the applicant's performance ability, commitment to personal practice, technique for someone of their standard, punctuality, attendance of lessons, treatment of instrument and respect for you as their teacher plus any other information that you feel would support their application. Please continue on a separate A4 sheet, if required.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_  
(for information clarifications, if necessary)

Name (Please Print): \_\_\_\_\_

**PLEASE GIVE THIS REFERENCE TO THE APPLICANT IN A SEALED ENVELOPE OR SEND DIRECTLY TO:  
GBRT, PO Box 10704, Market Harborough LE17 0HL by Wednesday 4<sup>th</sup> September 2018**