



**Friends of Staffordshire's Young Musicians**

**FOSYM**

**Application form for  
Financial Grant**

**APPROVED VERSION V1.0  
AUGUST 2013**



**Section 1**

**Personal Details of Applicant**

<b>Title</b>		<b>Forenames</b>		<b>Surname</b>	
--------------	--	------------------	--	----------------	--

<b>Address for correspondence (including postcode)</b>	
<b>Postcode:</b>	

Please enter your telephone number(s) and e-mail address (if applicable)

<b>Telephone number:</b>	
<b>Mobile number:</b>	
<b>E-mail address:</b>	

**Section 2**

**Your local School/College**

If you are a current student of a Staffordshire school or college, please provide details below:

<b>Name &amp; Address of School/College</b>	
<b>Postcode:</b>	

Who is your Music Teacher?

<b>Title</b>		<b>Surname</b>	
--------------	--	----------------	--



**Section 3**

**Details of Your Request for a Grant**

Enter the total cost of your project/activity below

£

How much are you applying for from FOSYM?:

£

Have you already raised the balance? *[Mark with X in the appropriate box]*

Yes     No

**Important** - We will not be able to pay the grant until the balance has been raised or secured and applications asking for immediate funding in these circumstances will not normally be considered.

c) If you answered No to the question above, when do you expect the balance to be raised by?

<b>Date balance is expected to be raised by:</b>	<input type="text"/>
--	----------------------

This is where you should write full details of your request for funding – please remember that the Trustees need as much as information as possible to help them make a decision. This includes providing details of any specific equipment/instrument required. Your comments **MUST INCLUDE:**

- Date of activity
- How will this project further FOSYM's aims (i) to widen access to musical education and/or (ii) to support excellence in musical education?
- What would happen (or not happen) without FOSYM support for this project?

You can continue on the next page if you need to.



In the event that your application is successful, will you be holding any kind of publicity event?

Yes  No

If you are, please describe your event.



**Section 4**

**Certification**

I/We certify that the project details given in sections 1- 3 are correct and that the proposed grant will be spent on that project/activity.

We undertake with the Trustees of FOSYM that if a grant is made towards the project, the applicant will comply fully with all the conditions set out in the Rules & General Conditions and any other special conditions that the Trustees deem necessary to set down.

**Applicant**

**Name (please print)**

-----

**Date**

-----

**Details of person with Parental Responsibility**

**Name (please print)**

-----

**Date**

-----

**Name of referee (Please print)**

-----

***Please ask your referee to email a letter in support of your application to [secretary@fosym.org](mailto:secretary@fosym.org). Your application will not be considered otherwise.***