

APPLICATION FOR GRANT



Please return this form to:
The Secretary
Charles Pope Memorial Trust
77 Regent Street
Leighton Buzzard LU7 3JY
cpmtrust@outlook.com

The Charles Pope Memorial Trust

Please return this form by 15 Feb, 31 May or 1 Oct (for consideration in March, July or Oct respectively)

Full name of the Applicant – ie the person for whom the grant is needed

Date of Birth

Address

Postcode

Tel no

E-mail:

When did you move to this address?

If you do not live in Aylesbury Vale or if you moved to this address less than 2 years ago, please give details (and dates) of any previous addresses within the Aylesbury Vale District Council area

If you have lived in Aylesbury Vale for less than 2 years, please give details (and dates) of any schools, colleges or Universities in Aylesbury Vale, which the applicant has attended

Which School or University does the Applicant currently attend?

Please give details and dates of any Music Centre activities or any other bands or orchestras attended *now or in the past*

Please give details and dates of any other instrumental, vocal or theory tuition received *now or in the past*

What music exams has the Applicant taken?

*Please list the highest level achieved in each case.
If the Applicant is a music graduate, please give details of degrees awarded and other courses undertaken.*

Instrument/Singing/Theory	Grade	Date awarded

Referee

Please give details of someone whom we could contact for a reference regarding this application. This should be someone who can comment professionally on the Applicant's abilities such as a music tutor or school teacher.

Name

Address

Tel

E-mail

School/Establishment

Position held:

FINANCIAL INFORMATION

Applicants who are financially independent of their parents need not include details relating to their parents unless they are supporting their parents financially

How many people are there in the household, including the Applicant?	
Adults:	Children (please give ages):

INCOME

How much is the household's Monthly gross income (before tax) from the following sources?

Please include every member of the household.

Source of income	Name of Person				
Wages/Salary/Pension					
Taxable Benefits (incl Jobseeker's Allowance, Carer's Allowance; Incapacity Benefit; Bereavement or Widow's Allowance/Pension)					
Other benefits (please give details)					
Tax Credits					
Maintenance					

Other income (please indicate whether annual/monthly)

Interest from savings Gross (Before tax)				
	per month/year	per month/year	per month/year	per month/year
Dividends Gross (Before tax)				
	per month/year	per month/year	per month/year	per month/year
Grants (please give details)				
Loans incl Student loans				
Sponsorship (please give details)				
Any other income (please give details)				

OUTGOINGS

How much are the household's **Monthly** outgoings?

Rent/Mortgage (incl endowments)		Phone (landline and Mobile) and internet	
Council Tax		Gas/Electric/Oil	
Food		Water	
Travel expenses		Loan/Hire Purchase repayments	
Insurance (Car/House etc)		Other (please specify)	

What other outgoings does the household have? Please state whether monthly or annual.

Music lessons/fees/expenses (other than those to which the application relates)		Other - please specify (eg care costs, holidays, car MOT, road tax etc)	
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Are there any other financial circumstances of which we should be aware?

Have you applied for any other grants for the same purpose? **Yes / No**

(If yes, please give details of applications and their outcome)

Name of body applied to	Outcome

NB Applicants are expected to apply for any other grants for which they may be eligible.

GRANT REQUIRED

The Trust can only consider applications which relate to the cost of musical education (eg: tuition fees, buying musical scores or text books, buying or maintaining instruments)

How much money do you need and what is it for?

Please tell us why you need this grant and give details of any special circumstances (musical, personal or otherwise), or any particular musical achievement, or any other information to help us evaluate your application

Please continue on a separate sheet if necessary

Full name (in capitals) of person completing the form

If you are applying on behalf of a child, what is your relationship to the Applicant?

Signature

Date

How we use your data

We will use the information you have given us on this form for the purposes of processing your application, including contacting the person you have named as a referee. We will not pass your personal details to third parties.

We would like to add your details to our mailing list so that we can contact you in the future with news or funding appeals. Please tick the box if you are happy for us to contact you for this purpose by

Post E-mail Phone

You can change your mind at any time by contacting us at the address shown on the front of the form or via our website at www.cpmtrust.co.uk. Please see our Privacy Policy on our website. A copy is also available by post on request.

Revised May 2018

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