**The fund**

The fund was established in 1977 and was named after Dorothy Grinstead who was a much loved piano teacher and musician in Croydon.

**The fund can help you:**

• Buy a new instrument

• Pay for tuition

• Pay for a music course

**Application Criteria:**

• Age 10-26

• Educated at a Croydon School or live in Croydon

• Grade 5+ on your instrument/voice

• Perform regularly in a group/orchestra/choir

• Grants can be awarded for a maximum of three years reviewed annually

• Applications to be made a term in advance by 1st March, 1st June and 1st October

• Two references, from your instrumental teacher and place of education, will be required

• The Trustees’ decision is final

• The fund does not cover 100% of the cost

**Dorothy Grinstead Memorial Concert**

Award holders might be invited to perform at an event in Croydon to raise funds for the charity.

**Trustees**

**Carl Jackson** MVO MA ARAM FRCO (Chair)

**Bronia Parry** BMus LGSM Dip NCOS

**Jon Regan** BA MMus PGCE

**Mark Rogers** BMus (Tonmeister) MBA (Treasurer)

**David Wilcox** BEd (Hons) LTCL LVCM FRSA

**Jenny Brady** BA Hons, MA, PGCE

**Bethany Norman** BMus (Hons) DipARBSM (Secretary)

**Sarah Newlands** BMus PCSE

Application Form

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The Trustees of The Grinstead Music Fund prioritise data protection. Only essential information for your application is shared during trustee meetings, with all personal data removed. The **Application Form** is the only document trustees will review when assessing your application. Please bear this in mind when completing this Application Form.

**Applicant Details**

**Education and Your Connection with Croydon**

|  |
| --- |
| Current School/College/University |
| Year Group |
| Home Address Postcode e.g. CR0 |
| Your connection with Croydon |

**Current Course of Study (GCSE/ASA/A level/Bacc/Degree/KS2, Grade Exam etc)**

|  |
| --- |
|  |

**Musical Background (Applicant)**

**Please indicate instruments played, standard, length of learning, member of ensembles, competitions and awards, musical qualifications (higher education), future plans**

|  |
| --- |
|  |

Application Form

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**Parent/Guardian Details**

|  |
| --- |
| Relationship to applicant |
| Home Address Postcode e.g. CR0 |
| Occupation |
| Gross annual family income |

**Please circle which one you are applying for:**

**Instrument / Tuition / Course**

|  |
| --- |
| Details (name of instrument, course or type of tuition) |
| Full Cost |
| Your, Parental/Guardian Contribution |
| Other financial assistance applied for relevant to this application |

Application Form

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|  |
| --- |
| How will this grant benefit your musical future? |
| The Grinstead Music Fund pay the service provider directly. Please give us their contact details.  If you are purchasing an instrument ask your teacher if you are eligible for the Instrumental Assisted Purchase Scheme (IAPS). |

Contact Details

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**Applicant Details**

|  |
| --- |
| Name DOB |
| Permanent address |
|  |
| Postcode |
| Telephone and/or Mobile |
| Email |
| Term time address (if applicable) |
|  |
| Postcode |

**Instrumental Teacher**

|  |
| --- |
| Name |
| Address |
|  |
| Postcode |
| Telephone and/or Mobile |
| Email |

Contact Details

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**Parent/Guardian Details**

|  |
| --- |
| Name |
| Relationship to applicant |
| Address |
|  |
| Postcode |
| Telephone and/or Mobile |
| Email |

Application Form

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**Please ask your instrumental teacher *and* teacher from your school** (head/head of music/tutor) to send a reference to Bethany Norman (Secretary).References are to besent to Bethany Norman bethanynormanmusic@gmail.com

**Instrumental Teacher – information such as past record, current level of ability, potential, character, any other relevant details.**

|  |
| --- |
| Name |
| Email |

**Head/Head of Music/Tutor – information on musical, academic ability, past record, potential, character, any other relevant details.**

|  |
| --- |
| Name |
| Email |

**Parent/Guardian – information on number and age of siblings, any applicable family circumstances that are relevant to this application. We are a charity and have a duty to ensure that those who are helped are in need. Please include a separate covering letter if this box is too small. All correspondence is treated as confidential.**

|  |
| --- |
|  |

**Declaration:**

**I declare that all the information given above is true to the best of my knowledge and should circumstances change before I receive a grant, I will inform the Trustees.**

Signed:……….............................................……………................ Date:

(Applicant)

Signed:………………………………………………….............................. Date:

(Parent/Guardian if applicant is under 18)

This completed form should be emailed to Bethany Norman, Secretary of The Grinstead Music Fund, bethanynormanmusic@gmail.com