

All Saints' Marlow Music Trust

www.4u-team.org

Instrumental Scholarship – Application Form

Please complete in BLACK ink, using BLOCK letters

This Application is for 20_____

Applicant's Surname		Forename(s)	
Date of Birth			
Home Address			
Postcode		Home Phone	

Previous experience in instrumental groups:		
Name of Group	Dates	Instrument

Instruments Played	1.	Approximate Grade	
	2.	Approximate Grade	
	3.	Approximate Grade	

Please give details of any other musical activities (e.g. Bands, Orchestras, Choirs etc. attended)

Pieces to be performed at the Audition <i>(N.B. At least ONE should be for an instrument)</i>	
Title 1.	
Composer 1.	
Title 2.	
Composer 2.	
Will you have your own accompanist for these pieces? <i>(Delete as appropriate)</i>	YES / NO

Declaration by Parent/Guardian:			
Parent/Guardian Surname		Forename(s)	
I, Parent/Guardian of the above Applicant, hereby agree to his/her applying for the Instrumental Scholarship. I have read and accept the general conditions as described.			
Signed:		Date:	
Home Address <i>(If different from above)</i>			
Postcode		Home Phone	
		Mobile	
Email Address <i>(N.B. This will be used to inform you of your child's progress in the selection process.)</i>			

The completed form, together with the following two enclosures, should be sent as soon as possible to: The Chairman, ASM Music Trust, C/o The Parish Office, The Causeway, Marlow, SL7 2AA Auditions for suitable candidates will be arranged at mutually convenient times.
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Please enclose:	1. A short statement from the Applicant saying why he/she is applying.
	2. A letter of recommendation from the Applicant's teacher/Head of Music/Conductor.