

YOUTH BURSARY

Application Form

YOUR DETAILS

FULL NAME	
DATE OF BIRTH	
VOICE TYPE <small>(Soprano/Mezzo-Soprano/Alto/Tenor/Baritone/Bass)</small>	
POSTAL ADDRESS	

PARENT/GUARDIAN DETAILS

(if candidate under 18 OR still in full-time education)

FULL NAME	
RELATIONSHIP TO YOU	
TELEPHONE NUMBER	
EMAIL ADDRESS	

REFeree'S DETAILS

FULL NAME	
RELATIONSHIP TO YOU	
TELEPHONE NUMBER	
EMAIL ADDRESS	
POSTAL ADDRESS <i>or</i> PLACE OF WORK	

Do not forget to obtain permission from your referee to give us their details and ask them to provide a reference BEFORE you submit your application. We cannot award a bursary without a reference and delays in receiving your reference may result in you missing out.

Please send this completed form, along with your supporting documents (see terms/guidelines) to md@herefordgandsociety.org.uk

The information given on this form will only be used for the purposes of administrating this bursary. It will not be shared with any third party.