

# BAROQUE WEEK

## BURSARY APPLICATION FORM

Please send your completed form to: Course Administrator, Baroque Week, 118 Wise Lane, East Knoyle, Salisbury, Wilts SP3 6AB, United Kingdom or e-mail it to [admin@baroqueweek.uk](mailto:admin@baroqueweek.uk) Please also complete the main application form (you don't need to repeat information that also appears on this form).

Name: \_\_\_\_\_

Age group on the first day of the course:

Address: \_\_\_\_\_

under 18\*     18-22

\_\_\_\_\_

23-29     30-49     50+

\_\_\_\_\_

Telephone – Home: \_\_\_\_\_

Postcode: \_\_\_\_\_ Country: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Corridor allocation for your bedroom/showers:     male     female

\* If you will be under 18 years old at the start of the course, your Parent/Guardian will need to complete a permission form and they, or a named adult known to them, will also need to be present at the course

1. **What instrument(s)/voice part would you like to play and/or sing at Baroque Week? If appropriate, please also indicate the pitch (A=415/440/392) of the instrument(s) you would bring to the course.**

2. **Please describe your musical experience and education, including your experience of baroque chamber music.** Continue on a separate page if necessary.

3. **What are your musical ambitions?** Continue on a separate page if necessary.

4. **How do you think your attendance at Baroque Week would benefit you or others?**
5. **How much are you applying for, and how will you meet the rest of the cost of attending Baroque Week?** *Note that we award bursaries for 50%, 75% or 100% of the course fee; if you would be unable to contribute at least 25% (£215 for 2024) please explain in question 6.*
6. **Please describe your financial situation and why you need a bursary in order to attend Baroque Week.** Continue on a separate page if necessary.
7. **Are you seeking funding from any other body or individual? Please indicate when you expect to have their decision.**
8. **(For our information only) How did you hear about Baroque Week?**

I confirm that all the information in this application is correct. I understand that Baroque Week reserves the right to recover any award made on the basis of false information.

I will advise Baroque Week immediately if I have to withdraw my application, or if there are any significant changes in the information I have given on this form.

I give permission for Baroque Week to record the information in this form electronically and to contact me by phone, mail or e-mail with regard to this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Electronic signature acceptable if sent from your own e-mail address)