

GUITAR FESTIVAL BURSARY APPLICATION FORM

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Date of Festival applying for:	
	r Festival offers bursaries for students aged between 18 - 24 years vards a music degree. Please check the website for application
Winners of the bursaries will pe	erform in showcase concert during the Festival
Personal details	
First name(s)	
Surname	
Phone no.	
Title (e.g Mr/Miss)	
Date of birth (dd/mm/yyyy)	
Nationality	
Contact details	
Email address	
Phone no.	
Mobile	
Address 1	
Address 2	
City & County/State	
Postcode/Zip code	
Country	

Disability - please provide details or supply a letter with this application form and your support requirements				
Have you attended a West Dean college Short Course before?				
If yes, please state subject and date				
Current place of study (or details of	of most recent study)			
Place of study				
Course				
Current guitar tutor				
Tutor contact phone no.				
Tutor email address				
				
Why do you need financial support to come to the guitar festival? (Please indicate how much assistance you would need to enable you to attend)				
Are you considering studying classical guitar in the future at a higher level? If yes, please state area/courses of interest.				
If you were asked to perform two pieces in a showcase concert, what would they be?				

How do you anticipat	How do you anticipate the guitar festival will benefit? (Max 250 words)				
Your musical developr	ment				
Your current studies					
You personally					
Current repertoire					
Details of your most red	cent grade	e/qualifications			
Date		Name of college/university ading/attended	Name of course/subject	Qualification gained/studying/date and results expected	
What are your future ca	areer plan	s as far as the class	ical guitar is concerned	?	
			ail.com) a DVD/YouTube relevant to your applicat		
I have supplied/sent ad	I have supplied/sent additional information or a recording YES NO				

Declaration

Please carefully read the following statements and sign below to indicate acceptance of these terms. All applicants whether successful or not, will be notified of the result by mid-June.

- I declare that the above details are true to the best of my knowledge. I undertake to provide any additional information that may be required.
- I confirm that my financial need is genuine
- I understand that offered bursaries are subject to Terms and Conditions.
- I understand that if offered a bursary, but are unable to attend the course for any reason no alternative award will be offered. All bursaries are awarded at the absolute discretion of West Dean College. Any decisions made are final and cannot be appealed.
- If offered a bursary, I will make myself available to assist in the recruitment and promotional activities of the College as outlined in the Terms and Conditions
- I consent to my application data being shared with the College's Grants Committee and members of staff in the Academic Office on a need-to-know basis.
- If successful I agree to complete and return the impact statement within 60 days from the course

Please also check the College's Data Protection Statement on the website

Name	
Date	
Bursary applicants signature	
Signature of applicant's tutor	

Send your completed application form to:

Academic Registry, West Dean College, Chichester, West Sussex, PO18 0QZ, UK

Telephone 01243 818 300

Email college@westdean.ac.uk

www.westdean.ac.uk

