



Friends of Staffordshire's  
Young Musicians  
Registered Charity No: 1037650

**Friends of Staffordshire's Young Musicians**

**FOSYM**

**Application form for  
Financial Grant  
Schools and Groups**

**APPROVED VERSION V1.0  
October 2019**

**Section 1: Personal Details of Applicant**

<b>Title</b>		<b>Forenames</b>		<b>Surname</b>	
<b>Your role in the project</b>					

<b>Address for correspondence</b>	
<b>Postcode:</b>	

Please enter your contact number(s) and e-mail address so that we can contact you

<b>Parent Telephone number:</b>	
<b>Parent Mobile number:</b>	
<b>Parent E-mail address:</b>	

**Section 2: Details of School / Group for which you are requesting a Grant**

<b>Name &amp; Address of School/College/Group</b>	
<b>Postcode:</b>	

### **Section 3: Details of Your Request for a Grant**

This is where you should write full details of your request for funding – please remember that the Trustees need as much as information as possible to help them make a decision. This includes providing details of any specific equipment/instrument required. Please continue on to another page if you need to.

Your comments **MUST INCLUDE**:

- Date/s of activity
- How will FOSYM funding be used
- Outline your match funding and what it will support / provide
- How will this project further FOSYM's aims (i) to widen access to musical education and/or (ii) to support excellence in musical education?
- What would happen (or not happen) without FOSYM support for this project?

Enter the total cost of your project/activity below

How much are you applying for from FOSYM?:

Have you already raised the balance? *[Mark with X in the appropriate box]*

Yes

No

**Important** - We will not be able to pay the grant until the balance has been raised or secured and applications asking for immediate funding in these circumstances will not normally be considered.

c) If you answered No to the question above, when do you expect the balance to be raised by?

**Date balance is expected to be raised by:**

## Section 4: Publicity

In the event that your application is successful, will you be holding any kind of publicity event?

Yes  No

If you are, please describe your event.

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## Section 4: Certification

**Your referee:** FOSYM requests that all applications are supported by a referee, who is usually a senior manager from the Music Service who has discussed your application with you

<b>Name and role of your Music Service Senior Manager</b>	
<b>Comments from the referee in support of the application</b>	

I/We certify that the project details given in sections 1- 3 are correct and that the proposed grant will be spent on that project/activity.

I/We undertake with the Trustees of FOSYM that if a grant is made towards the project, the applicant will comply fully with all the conditions set out in the Rules & General Conditions and any other special conditions that the Trustees deem necessary to set down.

### **1: Applicant Name (please print)**

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**Date**

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### **2: Referee Name (Please print)**

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**Date**

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***Please send your application to FOSYM c/o [musicservice@entrust-ed.co.uk](mailto:musicservice@entrust-ed.co.uk) or post to FOSYM, c/o Entrust Music Service Staffordshire, Riverway Centre, Riverway, Stafford, ST16 3TH***

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