

# BAROQUE WEEK

## BURSARY APPLICATION FORM

Please send your completed form to:

Course Administrator, Baroque Week, Baroque Week, 118 Wise Lane, East Knoyle, Salisbury, Wilts.  
SP3 6AB, United Kingdom or e-mail it to [info@baroque-week.org.uk](mailto:info@baroque-week.org.uk)

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: \_\_\_\_\_

Gender:     male     female

**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. Please describe your financial situation and why you need a bursary in order to attend Baroque Week:**

**6. How much are you applying for, and how will you meet the rest of the cost of attending Baroque Week?**

**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)

If under 18 years old at the start of the course, signature and name/address/phone number of  
Parent/Guardian: