

**THOMAS DEVLIN FUND**

**2023 BURSARY - APPLICATION FORM**

**Application Notes**

1. **The applicant must supply a phone number and email where they can be easily contacted.**
2. **The Teacher / Tutor / Youth or Support Worker must also supply a contact number**
3. **If the applicant is under 16 a parent/guardian must countersign the applicant form.**
4. **The applicant must clearly state how the bursary will help them make an impact on others.**

**Section A**

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| ***SECTION A – To be completed by the Bursary applicant*** | | | |
| **Name:** | |  | |
| **Home Address:** | | **Postcode:** | |
| **Telephone No:** | | **Home:** |  |
| **Mobile:** |  |
| **Email:** | |  | |
| **Age:** | |  | |
| **School/College currently attended:** | | | |
| **What aspect of creative arts, performing arts or music are you involved in?**  **Please give a brief summary of any achievements to date** | | | |
| **What are you hoping to use the Bursary for and how will the experience help you develop your potential?**  **If you are hoping to attend a course/tuition that will give you a qualification/accreditation please tell us about what form this will take.**  **Please let us know why you need a bursary in terms of your personal circumstances. (All information will be treated in strict confidence. It is important that you explain clearly your need, as one of the key priorities for this fund is to support those most in need of support.)**  **How will the bursary enable you to have an impact on others, for example in your local community?** | | | |
| **Please provide a breakdown of costs.** | | | |
| **How are you hoping to develop your involvement in creative arts, performing arts or music in the future?**  **Is there anything else you would like us to know?** | | | |
| **SIGNED:**  **Applicant**  **Parent/**  **Guardian**  **If under 16** |  | | |
| **DATE:** |  | | |

**PLEASE PASS SECTION B ONTO YOUR TEACHER / TUTOR / YOUTH OR SUPPORT WORKER TO COMPLETE.**



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**2023 BURSARY - APPLICATION FORM**

**Section B**

**Name of bursary applicant**

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| ***SECTION B – To be completed by the Tutor / Teacher / Youth or Support Worker*** | |
| **Name:** |  |
| **School / College / Organisation:** |  |
| **Address:** | **Postcode:** |
| **Telephone No:** |  |
| **Email:** |  |
| **Please let us know how you feel this student would benefit from a Bursary in terms of their development in creative arts, performing arts or music.** | |

|  |  |
| --- | --- |
| **Please identify any significant student achievements to date.**  **Bursaries will only be awarded where genuine need is demonstrated.**  **Please let us know why this student might need a bursary in terms of their personal circumstances. (One of the key priorities of the fund is to support those most in need of support. We would therefore be grateful if you can clearly articulate the individual’s need, where known. All information will be treated in strict confidence)**  **Any additional information that you think may be useful.** | |
| **Length of time that you have known the student:** | |
| **Signed:** | **Date:** |
| **Please delete as necessary.**  **I am/am not prepared to provide further information if requested.** | |

**PLEASE COMPLETE AND RETURN SECTIONS A AND B BY EMAIL OR POST TO:**

**The Grants Team**

**The Community Foundation for Northern Ireland**

**Community House**

**City Link Business Park**

**6a Albert Street**

**Belfast**

**BT12 4HQ**

**Email: applications@communityfoundationni.org**

**Closing Date: Wednesday 5th April 2023 at 1pm**