

## CONFIDENTIAL

The RSCM is an educational charity. We are fortunate in having some limited funds available to help course participants whose financial situation would prevent them from attending. Currently, scholarships are available for children and for adults in full-time education, and for overseas members attending courses in the UK. Please complete Section B or C, as appropriate.

Please complete a separate form (block capitals) for each applicant, continuing on a separate sheet if necessary.  
**Send to: RSCM Education Administration Manager, 19 The Close, Salisbury, SP1 2EB, UK.**

### Section A — Participant details

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country: \_\_\_\_\_

Name of home church/choir: \_\_\_\_\_

Is the church/choir affiliated to the RSCM?

Are you an Individual/Student member of the RSCM?

#### Not a member yet?

Contact [membership@rscm.com](mailto:membership@rscm.com) to sign up for a student membership (£16 in 2018 for all under 30s)

### Course Details

RSCM course for which you are applying: \_\_\_\_\_

Date: \_\_\_\_\_ Full fee: \_\_\_\_\_

### Section B — for those applying on behalf of a child, or a young adult who is considerably financially dependent on parents/guardians

Please indicate your total annual household income (pre-tax):

Up to £15,000     £15,000-£22,000     £22,000-£28,000     £28,000-£35,000     Over £35,000

Are you or your family in receipt of any form of state benefit (excluding child benefit)? Yes/No

If so, please indicate the type of benefit: \_\_\_\_\_

How many (other) dependent children (under 18) reside in your household? \_\_\_\_\_

Do you have any other significant financial commitments which you feel are relevant to your application?  
Please give details:

### Section C — for young adults living largely independently of parents/guardians

Are you a student?

If you are not a student, are you in receipt of any form of state benefit?

If so, please indicate the type of benefit: \_\_\_\_\_

### Section C — continued

Excluding any tuition fee loans you may receive if you are studying, please indicate your approximate monthly income (e.g. from any full/part-time work, family support): \_\_\_\_\_

Please indicate how much you spend on significant household expenses per month (e.g. rent, bills): \_\_\_\_\_

### Section D

We allocate scholarships largely by looking at the gap between what can be gathered together by the choir member, and the full fee for attending. To help us work out how much support is needed, please let us know roughly how much you think the following sources could contribute, either through a single payment or monthly instalments, without causing hardship to anyone:

Your church/choir (if you sing with one regularly): \_\_\_\_\_

You and your family: \_\_\_\_\_

Sponsorship/funding: \_\_\_\_\_

Other: \_\_\_\_\_

We cannot guarantee to offer the entirety of the outstanding balance and may need to contact you to discuss the level of support we are able to provide.

### Section E

Please add any other information you wish the RSCM to take into account when considering your application on an additional sheet of paper.

Please provide the name of one independent (non-family) referee whom you are happy for us to contact regarding the application and who is familiar with your personal circumstances (this could be a choir trainer, minister or parish priest, teacher or tutor). The RSCM will not disclose any financial/personal details to the referee.

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I am happy to be contacted regarding the scholarship application for \_\_\_\_\_ (name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### Section F - Signature

Signed: \_\_\_\_\_ Name: \_\_\_\_\_  
(parent or guardian if under 18) (please print)

Date: \_\_\_\_\_

We collect and process this information for the legitimate interest of allocating scholarship funding in line with our charitable objectives. We will destroy the applications of unsuccessful candidates two months after the decision has been communicated, retaining a list of names and affiliate churches for auditing purposes. We will destroy the financial information of successful candidates two months after the end of the course to which the scholarship relates, retaining the rest of the application for auditing purposes and record keeping.

For office use only

Course applied for: \_\_\_\_\_

Grant awarded: Yes / No      Amount: \_\_\_\_\_      Date: \_\_\_\_\_