

Société Jersiaise: Application Form for Averil Picot Art Scholarship

The amount requested

Grant applicant:

	The purpose for which the funds are required					
	you read the Fund Constitution and Te lete this form fully using black ink or ty		ons before completing this application			
THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.						
Section 1: Personal details						
Last Name:		First Name:				
Address:						
Postcode:						
Mobile Telephone	, N º:					
E-mail address:						

Section 2: Referees

Please give the names and addresses of two academic referees, if available. If you are unable to do this, please clearly outline who your referees are.

Reference 1		Reference 2		
Name:		Name:		
Academic Position:		Academic position:		
Organisation:		Organisation:		
Address:		Address:		
	Postcode		Postcode	
Telephone Nº:		Telephone №:		
E-mail:		E-mail:		
Are you willing for referee to be appas part of your application?		Are you willing for referee to be approas part of your application?		

Section 3 : Summary of project aims				
Please refer to the Averil Picot Art Scholarship Constitution and Terms and Conditions and explain how your work meets the terms expressed. Please limit this to 350 words maximum. This section will be used to summarise the application to the Grant Assessment Committee and to consider whether the application moves to the next stage.				
Outcomes and impact: Describe how this project meets the scheme aims and eligibility criteria especially in terms of delivering impact by developing creative and innovative engagements with new audiences and user communities.				

Section 4 Declaration

Statement to be Signed by the Applicant

Please complete the following declaration and sign it in the appropriate place below. The form can be signed electronically. If this declaration is not completed and signed, your application will not be considered.

I hereby give consent to such collection, storage and processing of my personal data for the purposes of this application and the future administration of the Grant Fund.

I hereby certify that:

- all the information given by me on this form is correct to the best of my knowledge
- all questions relating to me have been accurately and fully answered
- · I possess all the qualifications which I claim to hold

Signed:	Date:	

(NB. Applicants will normally be notified within 28 days of the closing date.

The Société Jersiaise undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection (Jersey) Law 2018

RETURNING THIS FORM



By Hand or Post:

Société Jersiaise 7 Pier Road, St Helier Jersey JE2 4XW By E-Mail:

ceo@societe.je

Enquiries:

Telephone: +44 1534 758314

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