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| **Ulrike MICHAL FOUNDATION FOR THE ARTS** | Student grant Application  2023-24 |

*Please refer to the guidance before completing this application.*

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| **Section 1: Contact Information** | |
| Name |  |
| Address |  |
| Postcode |  |
| Email |  |
| Telephone |  |
| Art related Website/ Facebook |  |

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| **Section 2: Threshold Criteria** (tick relevant answers**)** | |
| Art genre (2.1) | Fine Art Decorative Art |
| Educational institution location (2.2.) | Merseyside North Wales Cheshire  Shropshire Herefordshire |
| Reason for grant?(2.3) | Mandatory field trips/study visits, as part of an art course  Visiting relevant external shows and exhibitions  Mandatory course books in art/art-history  Course equipment and art materials  Freelance publicity and marketing needs  Display materials for exhibiting work  Artistic skills & development  Career development e.g. set up costs, website  Other *(define)* |

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| **Section 3: You & Your Art** | |
| Why are you unable to fund this yourself? (3.1) |  |
| Have you been able to  obtain match funding or  in-kind support. Explain.  (3.2) |  |
| As applicable, please explain the following…  (3.3)   * How would this grant support your studies? * What would your creative output be? * How would it contribute to your artistic development? |  |

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| **Section 4: Budget** |
| Breakdown of activity costs |

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| Item (as applicable): | Cost | VAT (if applicable) |
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| Exact amount request: | | |

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| **Section 5: Process & Enclosures** |
| Return this application alongside: References (5.1); Examples of your work (5.2);  Evidence of costs (5.3); and Curriculum Vitae (5.4) Don’t forget to sign the declaration.  Please check guidance. |
| Submit to:  Email: infor@umffta.org or  Post:UMFFTA Grant Scheme, c/o 45 Wynnstay Crescent, Rhostyllen, Wrexham,  LL14 4BL |

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| **Section 6: Declaration** |
| I acknowledge that I have read and understood the guidance documentation associated with this application and the information I have provided is true and accurate.  I authorize the foundation to keep my contact details on its database for **2** years (if unsuccessful) and **6** years (if successful). I understand that this information will not be shared with any other organization unless required by the law or the Charity Commission.  Name printed:    Signature: Date: |