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| **Ulrike MICHAL FOUNDATION FOR THE ARTS**  | Student grant Application2023-24 |

*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 orPost: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: |