

Please refer to the guidance before completing this application.

Section 1: Contact Information

Name	
Address	
Postcode	
Email	
Telephone	
Art related Website/ Facebook	

Section 2: Threshold Criteria (tick relevant answers)

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

Section 3: You & Your Art

Why are you unable to fund this yourself? (3.1)	
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Have you been able to obtain match funding or in-kind support. Explain. (3.2)	
As applicable, please explain the following... (3.3) <ul style="list-style-type: none"> • How would this grant support your studies? • What would your creative output be? • How would it contribute to your artistic development? 	

Section 4: Budget		
Breakdown of activity costs		
Item (as applicable):	Cost	VAT (if applicable)
Exact amount request:		

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.
<p>Submit to:</p> <p>Email: infor@umffta.org or</p> <p>Post: UMFFTA Grant Scheme, c/o 45 Wynnstay Crescent, Rhostyllen, Wrexham, LL14 4BL</p>

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: