



WYCOMBE ORPHEUS BURSARY for YOUNG MUSICIANS
Application for award

Type of award(s) applied for: Main Award [] Contingency []

First Name(s): Surname:

Date of Birth Approx Gross Family Annual Income:

Table with 3 columns: Instrument/vocal, Exam Grade, Position in Orpheus Festival & year (if applicable)

Home Address:
Postcode:
Telephone: Mobile:
E-mail:

School attended:
Music Teacher:
Contact details:

REASONS FOR APPLICATION (include details of any special family circumstances if relevant)
Continue below

Return Form, preferably by 1st March (except Rule 9), but no later than 1st April, to:
Craig Lewis, Secretary, Wycombe Orpheus Male Voice Choir
28 Old Kiln Road, Flackwell Heath, Bucks HP10 9NR
or by e-mail to: wycombeorpheus@aol.com



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[Large empty box for application details]

Continue overleaf if necessary

Aspirations for Future Career:

[Large empty box for future career aspirations]

Signature of Applicant:

Date:

Signature of Parent or Guardian:

Date:

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