2024 Awards for North Devon's talented Young Classical Musicians To be completed by the candidate or the candidate's parent/guardian, if under 12:

Name *	
First	Last
Date of Birth *	
Name of School/College *	
Please tell us about the instruments that you play; how long you've b	een playing, what grade you've reached and who your teacher is *
Teacher's Email Address	
What are your ambitions? *	
Tell us about any activities that you take part in, musical or otherwise hobbies etc) *	e (e.g. North Devon Music Centre, School Orchestra, Choir, other
Have you been to any concerts in the last year? What do you enjoy about going to concerts? *	
Have you ever performed in front of an audience? Did you enjoy it? *	

The following section is to be completed by a parent or guardian	
Parent's/Guardian's Name *	
First Las	*
Address *	м.
Address	
- "-	
Email *	
Telephone Number *	
If you have received an award from YMS before, please tell us how this ha	s made a difference to you
	<i>/</i> /
What are your current costs? Is there anything specific you need help with	1? *
	n e
Please use this section to tell us about any special circumstances that may	be affecting your financial status and if you have applied before
please tell us if your circumstances have changed	
Are you expecting help from any other sources? Please give brief details.	*
Would you like to attend concerts with your child? *	<i>"</i> "
☐ Yes ☐ No	
Would you be able to lend a hand at YMS fund-raising events, e.g. selling ☐ Yes ☐ No ☐ Maybe	raffle tickets, baking a cake, serving tea? *
	and an found on bloom accounts.
Would you encourage your child if offered a chance to perform at a conce Yes No	ert or fund-raising event? ^
Do you have time to be more involved with the work of YMS, e.g. as a committee member? *	
Please may we have your permission to use photo or video images of you	r child in YMS publicity and on the website? *
Yes No	
Parent's/Guardian's Signature *	
Date Completed *	