

P.O. Box HM 2814,
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Bermuda
(441) 295 4093
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www.menuhin.bm

BURSARY APPLICATION FORM

Application Criteria

Through our donors, The Menuhin Foundation provides a limited number of bursaries to successful applicants who are considered based on the following criteria:

- 1) The family of the student can demonstrate a need for financial assistance,
- 2) Recipients maintain regular attendance at lessons and orchestra during the school,
- 3) There is written confirmation from the respective Menuhin Teacher that the student shows interest, and there is evidence of regular practice and progress being made.

APPLICANT'S INFORMATION

Name of Student:	Male	Male ☐ Female ☐ Other ☐			
Date of Birth dd/mmm/yyyy//_					
Address:	Parish:	Postal Code:			
Current School:	Grade/Year in Sep	Grade/Year in September 2023:			
What ABRSM grade has the student attained v	with Menuhin?				
Which instrument is being studied at Menuhin	n?Number of y	/ears			
How long is the lesson? 1 Hour \Box 45 mins \Box	30 mins_□ Menuhin Teach	er			
PARENT/GUARDIAN INFORMATION	l				
Parent/Guardian (1) Name:	Relations	Relationship to Student:			
Address (if different from above):	Parish:	Postal Code:			
Telephone # (H/C) (W)	Email:				
Occupation:Emplo	oyer:				
Years of Service Employer Telephone #	#:Contact Name: _				
Parent/Guardian (2) Name:	Relationship	to Student:			
Address (if different from above):	Parish:	Postal Code:			
Telephone # (H) (W)	Email:				
Occupation:Emplo	oyer:				
Years of Service Employer Telephone #	#:Contact Name:				
Marital Status:Married □ParentMother Deceased □Father		Separated □ Single Parent □			

PERSONAL FINANCIAL INFORMATION

L HOUSEHOLD INCOME։ (include salaries, բ			
	Mont	:hly	Annual
Net Salaries (take home pay)			
Parent/Guardian #1*	\$		\$
Parent Guardian #2*	\$		\$
Other income:			
Rental	\$		\$
Child Support	\$		\$
Bursary/Scholarship	\$	\$	
Gifts/Family Support	\$	\$	
Pension	\$	\$	
Any other income (please explain)	\$		\$
TOTAL HOUSEHOLD INCOME	\$		\$
DUSEHOLD EXPENDITURE			
	Monthly		Annual
Mortgage/rent	\$		\$
Electricity	\$		\$
Phone/Cell Phone	\$		\$
Gas	\$		
Vehicle License & Insurance	\$		
Food	\$		
School Fees	\$		
Nursery/Daycare/After school care	\$		\$
Activities /Camps i.e. dance, football etc.	\$		\$
Medical/expenses not covered by insurance			
TOTAL HOUSEHOLD EXPENSES	\$		\$
w many dependents are you supporting?			
Name	Date of Birth		
	_	1	

nk might be applicable to your application:
For whom this application is being made and certify that the held in strict confidence and only seen by members of The the amounts reported on the above application are true and
cial status listed above and I/we am/are aware that provision blication and prevent us from being eligible for bursary funds Menuhin Foundation.
n account must remain current for the duration of the bursary reary being withdrawn.
Signature
Signature
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The Menuhin Foundation Bursary Committee reserves the right to make an independent enquiry concerning these statements. Additional personal references may also be required at the discretion of The Menuhin Foundation Bursary Committee.