



**TERTIARY GRANT APPLICATION**

*It is hoped that this grant will be of assistance in the applicant’s quest for a professional career*

**MISSION STATEMENT**

**The Role of the Christchurch Ballet Society is:**

- To encourage, foster and promote the practice and appreciation of Dance in New Zealand and more particularly the Canterbury District
- To assist artists considered by the Committee to be of sufficient ability as to further the study and practice of their art by way of grants, scholarship and or other financial assistance when and where possible
- To promote harmony and good will amongst all schools, teachers and students of dance

**CRITERIA**

- Applicants must be a current financial / family member and have been a financial member / family member of the Christchurch Ballet Society Inc. for the previous 2 years
- Applicants will be eligible to receive the grant only once during their tertiary training
- Applicants will be eligible to receive the grant in their 2<sup>nd</sup> or 3<sup>rd</sup> year of tertiary training only i.e. not for the first year of training
- Applicants must be aged 16 and over
- Applicants must be NZ Citizens and have resided in the Canterbury region prior to commencing their tertiary training
- Applications should be in writing and addressed to the Christchurch Ballet Society Committee, Tertiary Grant Application
- Applicants must also provide:
  - A copy of acceptance from the tertiary provider for the 2<sup>nd</sup> or 3<sup>rd</sup> year placement
  - A letter outlining previous accomplishments
  - Short term and long term goals
  - A professional reference and a personal reference
- Grants are awarded at the discretion of the current committee and the amount of the grant will depend on funds available
- Applicants will be notified of the committee’s decision and no correspondence will be entered into after a decision is made

Name:	Date of Birth:
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	
Phone:	Mobile:
Email:	
Dance Schools previously attended:	
Name of Tertiary Provider:	