



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 must be NZ Citizens and have resided in the Canterbury region prior to commencing their tertiary training
- Applicants must also provide:
 - A copy of acceptance from the tertiary provider for placement
 - A letter outlining your passion and ambition, short term and long-term goals, previous accomplishments
 - A professional reference from your dance school and a personal reference
 - Proof of bank account (deposit slip or statement)
 - Disclosure of any other funding, grants or sponsorship they have applied for or received and the amount
- Grant applications are considered at the first meeting following the closing date
- Grants are awarded at the discretion of the committee and the amount of the grant (if any) will depend on funds available
- Applicants will be notified of the committee's decision following the committee meeting and no correspondence will be entered into after a decision is made

Name:	Date of Birth:
Address:	
Phone:	Mobile:
Email:	
Dance Schools previously attended:	
Name of Tertiary Provider:	

Applicants Declaration

I confirm that

- ☐ The information set out in this form is true, accurate and complete
- ☐ I understand that the information supplied on this form will be held by the Christchurch Ballet Society and kept confidential by the CBS committee
- ☐ I understand that the decision of the committee is final and no correspondence will be entered into

Signature _____ Date ____/____/____

If applicant is under 16 years of age this application must be signed by a parent or guardian

Parent or guardian signature _____ Date ____/____/____

Name of signatory _____

Relationship to applicant _____

Contact details of signatory

Phone _____

Email _____