



Wellington Branch

Nomination for a Grant from the Ariadne Danilow Bequest

Please send the completed form via email to: wellington@irmt.org.nz

DETAILS OF NOMINEE

NAME

ADDRESS

EMAIL

DATE OF BIRTH

COUNTRY OF CITIZENSHIP

(If applicable) NZ RESIDENCY STATUS / LENGTH OF RESIDENCY IN NZ

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ACADEMIC QUALIFICATIONS

GIVE A BRIEF OUTLINE OF THE NOMINEE'S STUDY AND ASSOCIATED ACTIVITIES TO DATE (add another page if necessary)

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GIVE DETAILS OF ANY PREVIOUS GRANTS TO THE NOMINEE FROM WELLINGTON BRANCH IRMT

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DETAILS OF STUDY FOR WHICH THE GRANT IS SOUGHT

WHERE WILL THE STUDY OCCUR AND UNDER WHOSE TUTELAGE?

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OUTLINE THE MAIN TOPIC AND PURPOSE OF THE STUDY

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WHEN DOES THE STUDY COMMENCE?

WHAT IS THE EXPECTED LENGTH OF THE COURSE OF STUDY?

STATE COURSE FEES AND OTHER RELATED EXPENSES (including hiring or buying an instrument)

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LIST THE EXPECTED BENEFITS A) TO THE NOMINEE PERSONALLY, B) TO MUSIC IN NEW ZEALAND

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LIST POSSIBLE FUTURE BENEFITS TO WELLINGTON BRANCH IRMT

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DETAILS OF NOMINATOR AND SECONDER (both must be financial members of Wellington Branch IRMT)

NOMINATOR'S NAME

ADDRESS

.....

EMAIL **PHONE**

.....

SIGNED **DATE**

SECONDER'S NAME

ADDRESS

.....

EMAIL **PHONE**

.....

SIGNED **DATE**

NOMINEE AGREEMENTS

I (the nominee) agree to be nominated for this study grant and confirm that everything in this application is a true and accurate record.

I agree to send a written report to Wellington Branch IRMT at the completion of the study, stating my progress and my plans for further study / career.

SIGNED **DATE**

NB Funding may be given as one lump sum or in instalments, at the discretion of the trustees.