



**Application for a Grant from  
Kate Jourdain Memorial Fund**

Please send the completed form via email to: [wellington@irmt.org.nz](mailto:wellington@irmt.org.nz)

**DETAILS OF APPLICANT**

**NAME** .....

**ADDRESS** .....

**EMAIL** .....

**DATE OF BIRTH** .....

**DATE OF REGISTRATION** .....

**QUALIFICATIONS** .....

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

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**GIVE INFORMATION OF CURRENT PROFESSIONAL ACTIVITIES, TEACHING PRACTICE AND OF YOUR CONTRIBUTION TO BRANCH ACTIVITIES AND THE WIDER WORK OF THE IRMT (add another page if necessary)**

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**LIST CONFERENCES, SEMINARS AND COURSES ATTENDED IN THE LAST FIVE YEARS**

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**GIVE DETAILS OF PROJECT OR CIRCUMSTANCES FOR WHICH FINANCIAL ASSISTANCE IS SOUGHT  
(Note that payment is not normally provided to cover costs of travel or accommodation)**

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**LIST COSTS TO BE INCURRED FOR WHICH ASSISTANCE IS REQUESTED**

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**LIST THE EXPECTED BENEFITS YOU, YOUR BRANCH, IRMT NATIONALLY OR THE MUSIC TEACHING  
PROFESSION AS A WHOLE, FROM THE PROJECT**

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**LIST THE NAMES AND CONTACT DETAILS OF ANY PERSONS ABLE TO PROVIDE REFERENCES IN  
SUPPORT OF YOUR APPLICATION**

**NAME** .....

**EMAIL** ..... **PHONE**.....

**NAME** .....

**EMAIL** ..... **PHONE**.....

**DECLARATION**

I declare that to the best of my knowledge, the above information is correct.

**SIGNED** ..... **DATE** .....