

2020 FLORENCE WILCKENS AWARD
NOMINATION FORM

Personal details	
First Name:	
Family Name:	
Date of Birth:	
Postal Address:	
Residential Address:	
Telephone:	
Mobile:	
Email:	
School currently attended:	
Current school year level:	
Proposed course or training	
Name of course or training that you want to undertake:	
Name of course/training provider:	
Start Date:	
Finish Date:	
Motivation	
How do you propose to use the award?	
Why do you want to undertake this course or training?	

What barriers or challenges are you facing in furthering your studies in music and/or the performing arts?

Referees

Please provide the name and contact details of two referees. Please also provide two signed letters of recommendation from your referees with this application form.

Referee 1:

Name:

Relationship:

Phone:

Email:

Referee 2:

Name:

Relationship:

Phone:

Email:

- I declare that all the information provided in this application form is true and correct.
- I understand that if the Fleurieu Community Foundation approves the award, I will be required to accept the conditions of the award as outlined in the Fleurieu Community Foundation Florence Wilckens Award Conditions.
- I give permission to the Fleurieu Community Foundation to contact any persons or organisations in assessment of the application and understand that information may be provided to other organisations as appropriate.

Applicant's Signature: _____ Date: ____/____/____

(Parent or Guardian's signature if applicant under the age of 18)