



# THE DAME MALVINA MAJOR FOUNDATION

WELLINGTON REGIONAL COMMITTEE\* c/o 17B VASANTA AVE, NGAIO, WELLINGTON 6035\*

TEL 04 479 9368

EMAIL gagorton@xtra.co.nz

## APPLICATION FORM

Surname ..... First Names.....

Date of Birth..... Telephone contact.....

Home Address.....

.....Email.....

Arts Excellence Award Yes/No  
(Up to \$ 5,000)

High Achiever Award Yes/No  
(Up to \$ 1,000)

*Proposed Arts Performance Project (brief description)*

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Proposed date of commencement of project.....

Proposed date of completion of project.....

### **Applicants please supply in this order:**

- (i) full description of project including a budget
- (ii) written support from TWO referees
- (iii) name of teachers

**\* If for any reason your project does not take place, the grant received must be returned.**

### ***Application forms should be forwarded to:***

The Dame Malvina Major Foundation,  
Wellington Regional Committee,  
c/o 17B Vasanta Ave,  
Ngaio, Wellington 6035. **by 5pm Friday 7<sup>th</sup> October 2011**

Signature of Applicant.....

Date.....