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| Société Jersiaise: Application Form for Averil Picot Art Scholarship |
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| Grant applicant: | The amount requested |  |  |
|  | The purpose for which the funds are required |  |  |

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| It is important that you read the Fund Constitution and Terms and Conditions before completing this application form. Please complete this form fully using black ink or type. |
| **THE INFORMATION YOU SUPPLY ON THIS FORM WILL BE TREATED IN CONFIDENCE.** |

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| Section 1: Personal details |

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| Last Name: |  | **First Name:** |  |

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| Address: |  |
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| Postcode: |  |

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| **Mobile Telephone No:** |  |

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| **E-mail address:** |  |

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| Section 2: Referees |

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| Please give the names and addresses of two academic referees, if available. If you are unable to do this, please clearly outline who your referees are. |

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| **Reference 1** |  | **Reference 2** |

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| Name: |  | **Name:** |  |

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| Academic Position: |  | **Academic position:** |  |

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| Organisation: |  | **Organisation:** |  |

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| Address: |  | | **Address:** |  | |
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|  | Postcode |  |  | Postcode |  |

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| Telephone No: |  | **Telephone No:** |  |

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| E-mail: |  | **E-mail:** |  |

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| Are you willing for this referee to be approached as part of your application? | Yes |  | No |  | Are you willing for this referee to be approached as part of your application? | Yes |  | No |  |

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| Section 3 : Summary of project aims |
| **Please refer to the Averil Picot Art Scholarship Constitution and Terms and Conditions and explain how your work meets the terms expressed. Please limit this to 350 words maximum. This section will be used to summarise the application to the Grant Assessment Committee and to consider whether the application moves to the next stage.** |

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| **Outcomes and impact: Describe how this project meets the scheme aims and eligibility criteria especially in terms of delivering impact by developing creative and innovative engagements with new audiences and user communities.**   |  |  | | --- | --- | |  | | |  | | |  | | | | | |

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| Section 4 Declaration |

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| Statement to be Signed by the Applicant  Please complete the following declaration and sign it in the appropriate place below. The form can be signed electronically. If this declaration is not completed and signed, your application will not be considered. I hereby give consent to such collection, storage and processing of my personal data for the purposes of this application and the future administration of the Grant Fund. **I hereby certify that:**   * **all the information given by me on this form is correct to the best of my knowledge** * **all questions relating to me have been accurately and fully answered** * **I possess all the qualifications which I claim to hold** |

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| Signed: |  | **Date:** |  |
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| (NB. Applicants will normally be notified within 28 days of the closing date.  **The Société Jersiaise undertakes that it will treat any personal information (that is data from which you can be identified, such as your name, address, e-mail address etc) that you provide to us, or that we obtain from you, in accordance with the requirements of the Data Protection (Jersey) Law 2018** |

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| R E T U R N I N G T H I S F O R M | |
|  **By Hand or Post:**  Société Jersiaise  7 Pier Road, St Helier  Jersey  JE2 4XW | **By E-Mail:**  [ceo@societe.je](mailto:info@societe.je)  **Enquiries:**  Telephone: +44 1534 758314 [info@societe.je](mailto:info@societe.je) |