Recommendation
Please request completion by your music tutor and head of department.

1. Music tutor or teacher

Please comment on the musical, financial and general claims raised by the applicant; it would be helpful if you could illustrate the range of the applicant’s musical activities and whether or not you endorse their application.

Signed …………………………………….                      Date  ……………………….

Name    ……………………………………                       Position ……………………
2. Head of music department or college

Please outline why you would recommend this application.

Signed ........................................ Date ........................................

Name ........................................ Position ...............................

Please either attach the completed references to your application form, or email them to:

grants@sussexgiving.org.uk

Thank you!

Sussex Community Foundation, 15 Western Road, Lewes, BN7 1RL