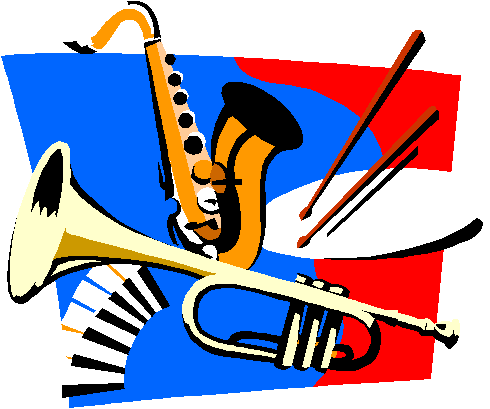
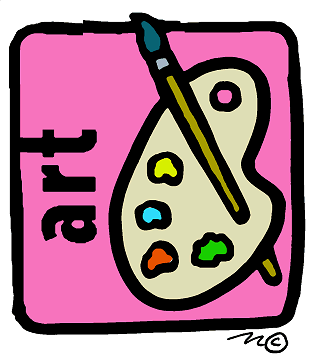
**THE GRANT**





**IS**

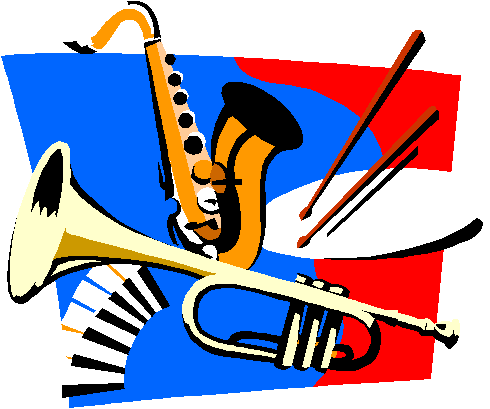
**AVAILABLE TO**

**Individuals aged 15-21 years**

**Visual, Written, Spoken and Performing Arts**

**THE GRANT IS AVAILABLE FOR**

**Equipment – Workshop -   
Exhibitions – Performances – Fees**





**YOU NEED A   
SUPPORTER**

**For Example**

**A Teacher – Tutor – Kaumatua**

**To back your application**

**APPLICATIONS MUST BE SUBMITTED AT LEAST SIX WEEKS BEFORE THE FUNDING IS REQUIRED**

**For further information about the Youth Arts Fund**

**contact the Arts Whakatane Secretary**

**Phone 07 3072315 / 0277226777**

**e-mail: secretary.artswhakatane@gmail.com**

**Website Address:** [**www.artswhakatane.co.nz**](http://www.artswhakatane.co.nz)

**APPLICATION FORM**

**NAME OF APPLICANT : Christian:** ........................................

**Surname: ......................................**

**RESIDENTIAL ADDRESS:** .........................................................  
................................................................................................................................................................................................................

**PHONE:** ..........................................................................................

**POSTAL ADDRESS IF DIFFERENT FROM ABOVE:**

................................................................................................................................................................................................................

**AGE:** ............ **years DATE OF BIRTH:** .........................................

**IMPORTANT INFORMATION TO SUPPLY:**

1. **The Arts Discipline you are involved in:**.............................................................................................
2. **The Amount requested:** ....................................................
3. **Your Supporter’s Name:** ....................................................  
   **Address:** .........................................................................**....  
   Phone: ............................................................................**

**To accompany this Application Form, give a short written description of how you intend to use the GRANT applied for, and an outline of your achievements making you eligible for the Grant. See the Arts Whakatane website for criteria.**

**E-Mail documents to the secretary or mail to: Youth Arts Grant, PO. Box 599, Whakatane 3120**