| BWA new logo_email | **Trevor Frost Award for Music or Performing Arts** |
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In 2017 the Blind Welfare Association of SA (BWA) established a new annual award to assist a young South Australian with a vision impairment to further develop their skills in music or the performing arts.

The $2000 award has been named in honour of the late Trevor Frost. Trevor used his own personal experience with vision loss and his passion to help others. He assisted many newly vision impaired South Australians with support and advice through his wonderful work at the Low Vision Centre and this is recognised in the naming of this award after him.

**The Purpose**

To recognise the potential of a current vision impaired student in the field of Music or Performing Arts and assist them to further achieve their potential through the provision of a grant of $2,000 to be used for additional tutoring or the purchase musical instrument or equipment.

**Eligibility**

* Must be an Australian citizen currently studying at a South Australian primary or secondary school
* Must have with a vision impairment
* Can demonstrate outstanding musical or performing arts skills
* Can demonstrate how they can use the Trevor Frost Award to help achieve their potential

**Selection process**

* Application forms will be available on the BWA website
* Application must have the support and nomination from the student’s teacher
* Must have a signature of and support of the student’s parent or guardian to ensure that the Award will be used for its intended purpose
* Applications must be returned to info@blindwelfare.org.au by the end of term three (27/9/2019)
* A selection committee comprising of nominees from BWA’s Board of Management and representatives from SASVI will select the winning entry
* The successful entry will be announced and presented at the Annual SASVI awards night

The successful student may be asked to speak or perform at the next annual presentation night to help promote their experience and the Award.

| BWA new logo_email | **APPLICATION FOR TREVOR FROST AWARD****(for students with vision impairment only)** |
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| Name |   |
| --- | --- |
| Date of birth | Click or tap to enter a date. |
| Age |       |
| Year of study |       |
| Home Address |       |
| Parents/Guardian Name |       |
| Contact Details |       |
| Name of the School |       |

| 1. Tell us about yourself and your current skills in musical or performing arts

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| 1. Why you feel you would benefit from the Trevor Frost Award?

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| 1. What will you spend the $2000 Award on?

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| 1. Name of the nominating teacher & contact details

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| 1. Teacher’s comments

Click or tap here to enter text.  |
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I/we will ensure that if our child is successful in winning the Trevor Frost Award that the winnings will be used to the purpose outlined in this application

Parents/Guardians signature