GOSBERTON RELIEF IN NEED

Charity Number 242596

GRANT APPLICATION FORM

Individual or Organisation

NAME ……………………………………………………………………………………...

ADDRESS ………………………………………………………………………………………

 …………………………………………………………………….……………….

 …………………………………………………………………….……………….

POST CODE …………………………………………………………………….……………….

TELEPHONE …………………………………………………………………….……………….

EMAIL …………………………………………………………………….……………….

AGE ………………………..

GRANT REQUEST

PLEASE STATE AMOUNT REQUESTED AND WHAT THE GRANT WILL PAY FOR

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INDIVIDUAL GRANTS WILL BE CAPPED

GRANTS FOR ORGANISATIONS WILL BE AT THE DISCRETION OF THE TRUSTEES

GENERAL REQUIREMENTS

PLEASE CONFIRM THE FOLLOWING STATEMENTS:

* The information I have given is accurate and complete
* I have no objection to the details contained in this application being held by the Gosberton Relief in Need Charity
* I am happy for the trustees of the charity to contact me to discuss the application if necessary
* I agree that any grant awarded will be applied for the purpose identified

SIGNATURE …………………………………………….. DATE …………………………….

PLEASE RETURN COMPLETED FORM TO Mrs F Newton, Nelsons Cottage, Clough Road, Gosberton Clough, Spalding, PE11 4JN or email fran.newton18@gmail.com

CHARITY RECORD

DATE RECEIVED ………………………………….

GRANT AMOUNT ………………………………….

DATE PAID ………………………………….

APPROVED BY TRUSTEE 1 …………………………………………………..

 TRUSTEE 2 …………………………………………………..