

# GOSBERTON RELIEF IN NEED

Charity number 242596

## GRANT APPLICATION FORM

- individual or organisation.

NAME.....

ADDRESS.....

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POST CODE.....

TELEPHONE .....

E-MAIL.....

AGE.....

**GRANT REQUEST** - PLEASE STATE WHAT GRANT WILL PAY FOR  
& AMOUNT REQUESTED

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INDIVIDUAL GRANTS WILL BE CAPPED

GRANTS TO ORGANISATIONS WILL BE AT THE DISCRETION OF THE  
TRUSTEES

# GENERAL REQUIREMENTS

PLEASE CONFIRM THE FOLLOWING STATEMENTS

- \* The information I have given in the application is true & 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 if necessary to discuss this application
- \* I agree that any grant awarded will be applied for the purpose identified

SIGNATURE ..... DATE.....

PLEASE RETURN APPLICATION FORM TO:

Mrs A Merz, Harvest Cottage, Gosberton Bank, Spalding PE11 4PB

# CHARITY RECORD

DATE RECEIVED.....

GRANT AMOUNT.....

DATE PAID.....

APPROVED BY TRUSTEE 1.....

TRUSTEE 2.....