



GROUP APPLICATION FOR UNDER 18's OCKASH TRUST AWARD

PLEASE READ THE OCKASH TERMS AND CONDITIONS BEFORE COMPLETING THIS FORM

NAME OF GROUP _____

NAME OF APPLICANT _____

ADDRESS _____

TELEPHONE NUMBER _____ MOBILE PHONE _____

E MAIL ADDRESS _____

WHAT IS THE PROJECT? _____

HOW MANY PEOPLE WILL BENEFIT FROM THE PROJECT? _____

WHAT IS THE AGE RANGE OF YOUR GROUP? _____

WHAT WILL THE GRANT BE USED FOR? _____

WHAT IS THE TOTAL COST OF YOUR PROJECT? £ _____

HOW MUCH ARE YOU APPLYING FOR? £ _____



GROUP APPLICATION FOR UNDER 18's OCKASH TRUST AWARD Independent Referee

The independent referee should be someone who knows the applicant and who has an awareness of the project for which funding has been applied for (NOT TO BE A FAMILY MEMBER).

TITLE _____ FIRST NAME _____ SURNAME _____

OCCUPATION _____

YOUR ADDRESS _____

TELEPHONE NUMBER _____ MOBILE PHONE _____

E MAIL ADDRESS _____

Referee's statement: I confirm that I know the applicant and have knowledge of the project for which funding has been applied for. I have read this application and support the request for funding.

Signature _____ Date _____

In order to be able to offer people like yourself grants in the future, the Ockash Trust relies on volunteers to raise funds. We ask all applicants to support Ockash Trust events.

All applicants will be invited to attend an informal discussion prior to grants being awarded.

All references will be obtained prior to the discussion.

I certify that I have read and agree with the terms and conditions of the Ockash Trust. I also agree to support future Ockash events.

Signature _____ Date _____

Please return completed application form to:

Ockash Trust, C/O. Borrowash Library, Victoria Avenue, Borrowash, Derby. DE72 3HE

FOR OFFICE USE ONLY

Application acknowledged _____ Date of Interview _____

Interview panel: _____

Grant Awarded: YES / NO If Yes, How much? £ _____

Payment date _____ Presentation Date _____