



# APPLICATION FOR OCKASH TRUST AWARD

PLEASE READ THE OCKASH TERMS AND CONDITIONS BEFORE COMPLETING THIS FORM

NAME OF APPLICANT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

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**\*IF YOU ARE APPLYING ON BEHALF OF SOMEONE ELSE PLEASE COMPLETE THIS SECTION**

YOUR NAME \_\_\_\_\_ POSITION \_\_\_\_\_

CONTACT ADDRESS \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

E MAIL ADDRESS \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_

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WHAT WILL THE GRANT BE USED FOR? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHAT IS THE TOTAL COST OF YOUR PROJECT? £ \_\_\_\_\_

HOW MUCH ARE YOU APPLYING FOR? £ \_\_\_\_\_



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## 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 Post Office

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### FOR OFFICE USE ONLY

Application acknowledged \_\_\_\_\_ Date of Interview: \_\_\_\_\_

Interview panel: \_\_\_\_\_

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

Payment date \_\_\_\_\_ Presentation Date \_\_\_\_\_