Registered Charity 1098200 Helping Children & Young People in Ockbrook and Borrowash

GROUP APPLICATION FOR UNDER 18's OCKASH TRUST AWARD





NAME OF GROUP	
NAME OF APPLICANT	_
TELEPHONE NUMBER	MOBILE PHONE
E MAIL ADDRESS	
WHAT IS THE PROJECT?	
HOW MANY PEOPLE WILL BENEFIT FROM THE PRO	DJECT?
WHAT IS THE AGE RANGE OF YOUR GROUP?	
WHAT WILL THE GRANT BE USED FOR?	
WHAT IS THE TOTAL COST OF YOUR PROJECT? $ \mathbf{f}_{-} $	
HOW MITCH ARE YOU APPLYING FOR?	

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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 NUMBE	R 1	MOBILE PHONE
E MAIL ADDRESS		
	: I confirm that I know the application and sup	ant and have knowledge of the project for which funding has port the request for funding.
Signature		Date
	o offer people like yourself grants plicants to support Ockash Trust e	s in the future, the Ockash Trust relies on volunteers to raise events.
All applicants will be	invited to attend an informal dis	cussion prior to grants being awarded.
All references will be	e obtained prior to the discussion	
I certify that I have r future Ockash event		d conditions of the Ockash Trust. I also agree to support
Signature		Date
Please return compl	eted application form to:	
		O. Borrowash Post Office
FOR OFFICE USE ON		
Application acknowl	edged	Date of Interview
Interview panel:		
		£
Payment date		Presentation Date