SOCIETY OF OLD FRAMLINGHAMIANS CHARITABLE TRUST

GRANT APPLICATION FORM (INDIVIDUAL HARDSHIP)

Name including forename			
Address			
	Post Code:		
	If a student, please provide permanent home address as well.		
Contact Details Telephone: Day			
	Evening Email:		
Years at College/Junior School	Email:		
For what is the grant required?			
Tor what is the grant required:			
Total cost of equipment/service			£
How much have you already raised and from what sources?			£
			£
How much do you hope to raise and from what sources?			
Trow much do you nope to ruise and from what sources.			£
			£
How much are you seeking from the Trust?			£
Please note that if you are seeking more than £2,000 the Trustees MAY ask you to complete a Financial Statement. Please familiarize yourself with this document to ensure you are comfortable with completing it.			
Please provide contact details for a referee Name:			
(preferably not a family member) who we could approach for supporting information, if needed. How known: Email:			
approach for supporting informat	ion, ii needed.	Telephone:	
	N. C.I. C	60115 1: 1	Cl. 1.11 Th 1
I have read the Grant Application confirm that the information give Trustees of the Charity is final.	-	•	
I acknowledge that in completing and submitting this application form I have given the Society of Old Framlinghamians Charitable Trust my consent to process my information for the purpose of considering my application.			
Signed:			
Date:		_	

