

SOCIETY OF OLD FRAMLINGHAMIANS CHARITABLE TRUST

GRANT APPLICATION FORM (INDIVIDUAL - SHORT)

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

For 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? £

£

How much are you seeking from the Trust? £

Please provide contact details for a referee
(preferably not a family member) who we could
approach for supporting information, if needed.

Name:	<input type="text"/>
How known:	<input type="text"/>
Email:	<input type="text"/>
Telephone:	<input type="text"/>

I have read the Grant Application Notes of the Society of Old Framlinghamians Charitable Trust and confirm that the information given is correct to the best of my knowledge. I accept that the decision of the 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: _____