|  |  |
| --- | --- |
| **Name of Organisation**(where applicable) |  |
| **Name of applicant** |  |
| **Correspondence Address** |  |
| **Name of beneficiary**(if different to the person applying) |  |
| **Address of beneficiary**(if different to above) |  |
| **Telephone Numbers** | **Home:****Office:****Mobile:** |
| **Email Address** |  |
| **Purpose of Grant** |  |
| **Total cost of project** | **£** |
| **Amount requested from Whitnash Charitable Trust** | **£** |
| **Amount of funds already received or available** | **£** |
| **Other information relevant to your application that you consider will assist the Trustees towards a decision** |  |
| **Our Privacy Policy Statement can be found our website here: www.whitnashcharitabletrust.org.uk/privacy-policy****Please read the policy before signing the application. If you have any queries then please contact us.****By submitting your application, you are consenting to us using the information that you provide to us for the purposes set out in the Terms & Conditions and Privacy Policy Statement.** |
| **Applicant’s signature** |  |
| **Date** |  |

When you have completed and signed the form please post it to:

Whitnash Charitable Trust Applications

10 Dennett Close

Warwick

CV34 5HF

Or

Scan and email a signed copy to grants@whitnashcharitabletrust.org.uk