Henville Educational Foundation

1 The trustees meet at the beginning of March, June, September and December. Please return your application by the 20th of the preceding month.

Name of student/organisation………………………………………………………………..

Date of birth if applicable ..………………………………………………………………….

Address ………………………………………………………………………………………..

………………………………………………………………………………………………….

Phone number …………………………….email….…………………………………………

*Please complete the appropriate sections. Sections 7 and 8 do not apply to individuals. All applicants must complete sections 5 and 6.*

2 How much grant are you requesting? ......…………………………………….

3 If you are successful, to whom should the cheque be made payable?

…………………………………………………………………………………………..

4 Please itemise what the grant is for and tell us how it will assist you.

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5 How much do you estimate the Training/tuition £……………….. following will cost in the coming year? Special Clothing

and Equipment £……………….

Travel/subsistence expenses

for major competitions/events £…………………………………..

6 How much financial support do you Your club/society £………………..

estimate you will receive from the Other organisations £………………

following sources during the year? Sponsorship £……………………..

Other sources (please specify) ………….…………………………

£……………………

7 Approximately how many members Males….……….. Adults………………

has your organisation in each of the Females…………Youths 13-18………

following groups? Juniors…………………………………

8 Please summarise the activities of your organisation within the past year.

9 PREVIOUS APPLICATIONS

Have you or your organisation applied to the trust

for a grant in the last three years? Yes/No

If ‘yes’, were you awarded a grant? Yes/No

How much was this grant? £…………….

10 SUPPORT FOR YOUR APPLICATION

*Please enclose/attach with this form a supporting letter giving any further details which you think may be of assistance to the trustees when deciding upon your request.*

This section must be completed either by the individual applicant or a representative of your organisation.

I declare the above information to be correct to the best of my knowledge. If a grant is awarded I agree to acknowledge the support of the *Henville Educational Foundation* and to refund any money not used.

Signed …………………………………………………………… Date …………………….

Name…………………………………………………………………………………………..

Position in organisation/parent/guardian …………………………………………………….

Address………………………………………………………………………………………..

…………………………………………………………………………………………………..

If you need any help to fill in this form, please contact the secretary to the trustees, Judy Theobald, 07789 654653, or email [judytheob@aol.com](mailto:judytheob@aol.com) who will be most willing to help in any way.

Please return your completed form to Judy Theobald either by email or by post to 24 New Road, Netley Abbey, SO31 5DL.