DENNE GILKES MEMORIAL FUND

Charity Number 502269

APPLICATION FOR ASSISTANCE

Applications must be received by the following dates
for consideration by the Trustees of the Fund:
February 15th, June 15th, October 15th

DETAILS OF APPLICANT

(Child's details, if application form is completed by an adult on behalf of a child)

Date of application:

Name:

Address:

Telephone:

Mobile:

Email address:

Date of birth:

Association with Stratford-upon-Avon (if any):

Purpose for which assistance is sought:

ADDITIONAL INFORMATION TO SUPPORT APPLICATION:

NAMES AND ADDRESSES OF THE TWO REFEREES:
[References enclosed - See Notes 2 & 3 overleaf]

DETAILS OF PROJECT FOR WHICH ASSISTANCE IS SOUGHT

Notes

1. *The Denne Gilkes Memorial Fund is based in Stratford-upon-Avon and preference will be given to local applicants.*

2. *Two letters of reference must be enclosed, without which applications cannot be considered.*

3. *In addition to comments on the applicant's current standard and ability, it would be most helpful to receive an indication of the applicant's potential.*

4. *It should be noted that it is generally not possible to consider requests in excess of £500*

5. *It is in the applicant's interest to complete the form in as much detail as possible.*

6. *Where a small award is offered towards a large project, this award may be conditional upon the applicant confirming his or her financial position to proceed with the whole project.*

Total cost of project:

Amount applied for from the Denne Gilkes Memorial Fund:
[See Note 4 above]

DETAILS OF ALL OTHER POSSIBLE ASSISTANCE BEING SOUGHT
Please list all other organisations to which you will apply or have applied for funds, including amounts towards the project offered by your family or from your own earnings.

Source	Amount Requested (other source)	Date of Application	Amount Awarded
1. Family:			
2. Self:			
3. Other: *[please list]*			

DECLARATION

I declare that the information given here is correct

Signature of Applicant: **Date:**