

Registered Charity 1098200  
Helping Children & Young People in Ockbrook and Borrowash

## GROUP APPLICATION FOR OCKASH 2000 TRUST AWARD

PLEASE READ THE OCKASH TERMS AND CONDITIONS BEFORE COMPLETING THIS FORM

NAME OF GROUP \_\_\_\_\_

NAME OF APPLICANT \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E MAIL ADDRESS \_\_\_\_\_

WHAT IS THE PROJECT? \_\_\_\_\_

HOW MANY PEOPLE WILL BENEFIT FROM THE PROJECT? \_\_\_\_\_

WHAT IS THE AGE RANGE OF YOUR GROUP? \_\_\_\_\_

WHAT WILL THE GRANT BE USED FOR? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

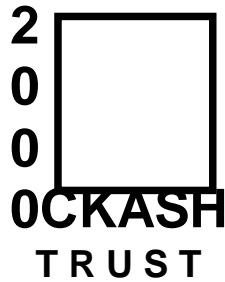
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WHAT IS THE TOTAL COST OF YOUR PROJECT? £ \_\_\_\_\_

HOW MUCH ARE YOU APPLYING FOR? £ \_\_\_\_\_



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**Independent Referee**

The independent referee should be someone who knows the applicant and who has an awareness of the project for which funding has been applied for.

TITLE \_\_\_\_\_ FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

OCCUPATION \_\_\_\_\_

YOUR ADDRESS \_\_\_\_\_

\_\_\_\_\_

TEL. NO. \_\_\_\_\_ E-MAIL \_\_\_\_\_

Referee's statement: I confirm that I know the applicant and have knowledge of the project for which funding has been applied for. I have read this application and support the request for funding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

In order to be able to offer people like yourself grants in the future, the Ockash 2000 Trust relies on volunteers to raise funds. We ask all applicants to support Ockash 2000 Trust events.

All applicants will be invited to attend an informal discussion prior to grants being awarded.

All references will be obtained prior to the discussion.

I certify that I have read and agree with the terms and conditions of the Ockash 2000 Trust.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return completed application form to: The Ockash 2000 Trust, P O Box 7417

**FOR OFFICE USE ONLY**

Application acknowledged \_\_\_\_\_ Date of Interview \_\_\_\_\_

Interview panel: \_\_\_\_\_

Grant Awarded: YES / NO \_\_\_\_\_ If Yes, How much? \_\_\_\_\_

Payment date \_\_\_\_\_ Presentation Date \_\_\_\_\_