

Application Form for Grant Funding

Name (of the person submitting this form):

Organisation (if applicable):

Address:

Email:

Telephone:

If this application contains information regarding the personal circumstances of another person (or other people), please check this box to confirm you have obtained their consent for sharing this information with us.

How much are you applying for?

What will the grant be used for? Please let us know the ages of the principal beneficiaries so we can determine which charity would be best placed to consider your application.

What safeguarding arrangements do you have in place for children and vulnerable adults (if applicable)?

Is there anything else you would like to tell us?

Signature:

Date:

Please return this form to Joseph Payne, clerk to both charities, at joseph.payne@scilly.gov.uk or at the Town Hall, St Mary's, Isles of Scilly, TR21 0LW.

You can view copies of our Privacy Notices at www.scilly.gov.uk/charitable-trusts.