Individual Grant Application

By completing this application form you are confirming you have read the Grant Making Policy.
Grants apply to those who are 18 and under.

Section 1

Contact Details

Applicants Name:	Date of Birth: .....
Parent / Guardian (if individual under 18):	Parent / Guardian Signature:
Main Contact Telephone Number:	Mobile Number (if different): .....
Email Address:	
Permanent Address:	
Post Code:	

Please declare connections to the Dulson family and / or the Trustees of the fund:

Section 2

Project Details

Full description and time scale of the project including how the individual will benefit and how it fulfils the objectives of the Jack Dulson Memorial Fund:

Estimated time scale(months, years):	Total Amount Requested: £ .....

What would the grant money requested be used for(e.g., specific kit, training, entry into competitions)?

Section 3

Evaluation

How will you measure the success of / evaluate the project?

Section 4

Additional Comments

Please add any further comments you consider relevant to the application:

Section 5

Signature of Applicant(parent if under 18)

Name:	Date of Birth: .....
Relation to Applicant:	Signed:
Date:	

Submit

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