

AGE CONCERN SHIPSTON ON STOUR & DISTRICT



GRANT APPLICATION

NAME OF APPLICANT	
DATE OF BIRTH	
ADDRESS OF APPLICANT	
PHONE NUMBER	
EMAIL ADDRESS <i>if any</i>	

WHAT BENEFITS, OTHER THAN BASIC STATE PENSION, DO YOU RECEIVE?	
WHAT OTHER MONEY DO YOU HAVE TO FUND THIS NEED?	

WHAT IS THE GRANT TO BE USED FOR? GIVE A BRIEF DESCRIPTION AND ESTIMATED TOTAL COST	
HOW MUCH GRANT ARE YOU APPLYING FOR?	
IF THE GRANT IS NOT FOR 100% OF THE REQUIREMENT HOW WILL THE BALANCE BE FUNDED?	

Please see over page

SIGNED BY APPLICANT. By signing you confirm that all of the information submitted is correct.	
DATE	

IF YOU ARE NOT THE APPLICANT BUT ARE SUBMITTING THIS FORM ON BEHALF OF THE APPLICANT PLEASE PROVIDE CONTACT INFORMATION HERE	NAME: ADDRESS: PHONE NUMBER: EMAIL if any:
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RETURN THE COMPLETED APPLICATION TO:	Age Concern Shipston on Stour & District Fallowfield, Badgers Lane Lower Tysoe Warwick CV35 0BY
TELEPHONE QUERRIES	01295 680309

FOR OFFICE USE

DATE RECEIVED				
REVIEWED BY TRUSTEES	TRUSTEE 1 <table border="1" style="width: 100%;"> <tr> <td style="width: 60%;">NAME</td> <td style="width: 20%;">AGREED</td> <td style="width: 20%;">Y/N</td> </tr> </table>	NAME	AGREED	Y/N
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NAME	AGREED	Y/N		
AMOUNT OF GRANT MADE				
RESPONSE SENT	DATE:			