



## APPLICATION FOR GRANT AID FOR INDIVIDUALS

PRIOR TO COMPLETION OF THIS APPLICATION FORM, PLEASE READ PRIVACY NOTICE SHOWN ON THE DEMOCRATIC SERVICES WEBPAGE ON THE COUNCIL'S WEBSITE

### **Important note to be read by all applicants**

Have you read the criteria enclosed with the Application Form? If not, please do so before completing this form. This form will be photocopied. Please type or complete in BLACK ink, PREFERABLY IN BLOCK CAPITALS. Remember to also keep a copy for your own records. If you have any queries on the completion of this form or the Grant Aid Scheme, please telephone Carol Holehouse on 01932 425620 for information.

### SECTION A - DETAILS OF APPLICANT

1. FULL NAME

2. HOME ADDRESS

Post Code

Tel. No. : (Home)

(Work/Daytime)

Email:

3. ADDRESS FOR CORRESPONDENCE (IF DIFFERENT FROM ABOVE)

4. AGE: DATE OF BIRTH:

5. IF STUDENT, PLEASE GIVE NAME AND ADDRESS OF SCHOOL, COLLEGE OR UNIVERSITY :

6. ACTIVITY TO WHICH GRANT AID APPLICATION RELATES :

7. RELEVANT ACHIEVEMENTS AND EVENTS ENTERED IN LAST TWO YEARS :

Description

Location

Result

Date

(Please continue on separate sheet, if necessary)

8. RELEVANT AIMS DURING NEXT TWELVE MONTHS :

## SECTION B - DETAILS OF GRANT APPLICATION

1. AMOUNT OF GRANT AID REQUESTED

£

2. WHAT WILL GRANT, IF APPROVED, BE USED FOR? Include details of dates, costs and include any relevant supporting material, please attach details on a separate sheet if necessary

3. PLEASE STATE BELOW HOW THE GRANT WILL ASSIST YOUR PERSONAL DEVELOPMENT AND/OR THE LOCAL COMMUNITY

4. HAVE YOU EVER RECEIVED OR APPLIED FOR FINANCIAL ASSISTANCE FROM THE COUNCIL IN THE PAST? IF YES, PLEASE PROVIDE DETAILS E.G. AMOUNT, DATE ETC.

5. DETAIL OTHER FINANCIAL ASSISTANCE FROM PUBLIC BODIES OR SPONSORSHIP RECEIVED IN THE LAST TWELVE MONTHS AND FOR WHAT PURPOSE IT WAS USED

I hereby agree to abide by the general terms and conditions set out in the criteria for Grant Aid.

SIGNED BY APPLICANT

..... DATE : .....

**SECTION C - REFERENCE FROM YOUR TUTOR, COACH  
TEACHER [OR REFEREE IF NONE OF LATTER APPROPRIATE]**

SIGNED : ..... DATE : .....

CAPACITY / POSITION :

ADDRESS :

POST CODE :

TELEPHONE NO. :

EMAIL:

**The Council may be statutorily required to supply any information you provide, to other bodies exercising functions of a public nature, for the prevention and detection of fraud. For further information, please see [www.runnymede.gov.uk/DataMatching](http://www.runnymede.gov.uk/DataMatching).**

**Please return the completed form to Carol Holehouse, Law and Governance Business Centre, Runnymede Borough Council, Civic Centre, Station Road, Addlestone, Surrey, KT15 2AH or by email: [carol.holehouse@runnymede.gov.uk](mailto:carol.holehouse@runnymede.gov.uk).**