



Emma's Trust  
 PO Box 196  
 Chipping Norton  
 OXON  
 OX7 5ZR

**APPLICATION FOR GROUP AWARD**

**Group Details**

Group Name	
Address	
Postcode	
Telephone number	
Mobile number	
Email	
Main Contact details (if different from above)	
Please provide a brief description of your group, main purpose/activity of group, how long running etc	

**Award Details**

Please provide a detailed description of the activity for which you are applying for funding	
Please describe any similar activities undertaken by the group and how individuals have benefited or developed	

Please tell us about any awards, self-achievement or accreditations the group have received.	
How many people do you expect to benefit directly from your project or activity?	
What ages are the people who you hope to benefit through your project?	0-4 <input type="text"/> 5-8 <input type="text"/> 9-11 <input type="text"/> 12-16 <input type="text"/> 17+ <input type="text"/>
When and where will this activity or project take place?	
Please describe how your project or activity will help develop the group or individuals within the group	
Where do most of the beneficiaries live?	
Is your project or group directed at, or involving a particular group of people?	

**Finance**

Please state the amount you would like to apply for from Emma's Trust.	
Please give a breakdown of the expenditure for the activity above.	
Please give details of any other income you are expecting for this project or activity eg. Fundraising activities, match funding, funding in kind, ticket sales etc.	

<p>Are the group expecting to make any profit from the project or activity and if so what is the intended use of profit?</p>	
<p>Please give details of any financial awards you have been given in the past in relation to this activity</p>	
<p>How will your activity or project be affected if your application is unsuccessful?</p>	
<p>One of the aims of Emma's Trust is to provide support for those in necessitous circumstances, please give any details that you would like to be considered in support of your application.</p>	
<p>If your application is successful would you be happy for details of your award to be listed on Emma's Trust's website?</p>	
<p>Where possible, would you be happy for Emma's Trust logo to be displayed at or during your event or project?</p>	
<p>How did you hear about Emma's Trust?</p>	
<p>Please detail any other information you feel will support your application (please continue on a separate sheet if necessary)</p>	

### Independent Referee

Please provide details of an independent referee with a public or professional position. This must be someone independent of your group or organisation but that knows it's work well and the project for which you are applying for money. This person will be contacted in support of the application.

Name	
Address	
Postcode	
Telephone	
Relationship	

### Declaration

To the best of my knowledge the information supplied in the application is true and correct.

Signed	
Date	
Parent / Guardian signature (if under 18)	

If your application is successful, to whom should the cheque be made payable?

Name	
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- Please tick here if you would like your details to be added to Emma's Trust's database and kept informed of forthcoming fundraising events

### Conditions of Application

- All applications are assessed on individual merit
- Emma's Trust will contact your referee in support of your application
- Additional material can be submitted in support of your application i.e. photographs, newspaper clips etc
- Beneficiaries must be under 21
- All applicants must live within Oxfordshire, Gloucestershire or Warwickshire
- Proof of purchase may be required and or monies paid directly to supplier

#### For Office use only

App. received:

Mtg review:

App.suc:

Amt. awd:

Let sent:

Sp. con: