



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

APPLICATION FOR INDIVIDUAL AWARD

Personal Details

Name	
Address	
Postcode	
Telephone number	
Mobile number	
Email	
Date of Birth	

Award Details

Please provide a detailed description of the activity for which you are applying for funding	
Please describe any similar activities that you have undertaken and how you have benefited or developed	
Please tell us about any awards, self-achievement or accreditations you have received.	
Please give details of any personal circumstances which you feel have made an impact on your chosen activity	

When and where will this activity take place?	
Please describe how this funding will help develop you in any long-term ambitions you have in your chosen activity.	

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, other awarding bodies, help from parents etc.	
Please give details of any financial awards you have been given in the past in relation to this activity	
How will your activity or project be affected if your application is unsuccessful?	
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>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 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? (e.g. supplier, teacher, organisation)

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
- The Trustees review and make decisions about applications in January, April, July and October
- 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: