

ROSELAND YOUTH SAILING TRUST APPLICATION FORM

Name of applicant:

Current address:

Telephone Number:

Email address (please write clearly):

Date of birth:

School/Place of work:

Please indicate if you are a Member of a Roseland Sailing Club and which one:

Describe the event (including dates) or items for which you are applying. Include the total cost of the event or project and the amount for which you are applying. Generally grants will be between £25 - £600 and available up to a maximum of 75% of expenditure. More detail will be expected for larger grant applications including Sailing CV and details of ambitions/aspirations.

Event/Project	Amount of project	Amount applied for
Total		

Describe how this event or project will benefit you and your sailing.

What steps have you taken or will you take to raise funds for this event or project?

Please add any other information you would like to support your application.

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Please attach any supporting evidence, for example price information and parental statement, or reference from school governor.

I agree to send a simple account or statement of how the money was spent and any evidence of its use within a year of the grant or as soon as the project/activity is complete. Grants must be spent in full within a year. This is to show it has been used for the purpose stated in this application.

I agree that photographs taken of myself may be used for promoting or raising funds for the Roseland Youth Sailing Trust.

SignedDated

Parent/Guardian – Financial Means disclosure (CONFIDENTIAL)

Please indicate as appropriate:

Live in own home/rented/other

Are you in receipt of government benefits (excluding child benefit?) Yes/no

Net income after tax £

Annual outgoings including mortgage/rent, utility bills, and all other household expenditure) £

If successful in this grant request your payment will be made via online BACS payment. Please provide your bank details:

Account name	Account number	Sort Code

You will need to enclose a recent bank statement to ensure payments are made to the correct account.

Parent signature

Please print name Date

Please return a completed copy of the application to:

Dina Croft, Heron Creek, 31 Tredenham Road, St Mawes, Truro TR2 5AW or Email:
dina@heroncreek.fsnet.co.uk