**Day fund application form**

**Please read criteria carefully before completing this form**

# Beneficiary

This is the young person that needs support and who will benefit from this grant

**Name of Young person**

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**Date of Birth**

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# Applicant

This is the church or organisation making the application on behalf of the beneficiary

**Name and address of Church/Organisation**

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**Main Contact name and role within church/organisation**

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|  |

**Main Contact email address**

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| --- |
|  |

# The Event

**What event does the beneficiary want to attend?**

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**Date of Event**

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**What is the cost of the ticket to the event?**

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**How much realistically is the beneficiary able to raise towards this total?**

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**What total grant are you applying for?**

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**Is the beneficiary likely to attend any other events this season?**

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# Reference

**Please give a brief reference of this young person and why you feel they fit the criteria for this grant**

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# Agreement

I understand that if this grant is approved it will only be available for the purposes outlined in this application. I agree to submit a report on the expenditure of this grant within three months of my return. If implementation is not completed or a report not submitted, I will return the funds to The Day Fund.

|  |  |
| --- | --- |
| Signed: | |
| Name: | Date: |

*Please return completed application forms to: Dan Jenkins, Church House, 211 New Church Road, Hove, BN3 4ED*

*Or email youth@chichester.anglican.org*

Payee Payment Details:

Church name:

Address:

Bank Details –

Sort Code:

Account Number:

Treasurer Email address: