

**APPLICATION TO THE WILLIAM HALL TRUST FOR FINANCIAL ASSISTANCE**

Please answer all the questions relevant to your application. If you would like to write a letter to support your application, please submit your letter and completed application form to one of the Trustees.

Thank you.

First Name:	Surname:	Date of application:
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Address:	Tel No:
Post Code:	

How will financial assistance from the Trust be of benefit to you:

This application relates to: (Please tick one)	<input type="checkbox"/>	(1)A specific project.
	<input type="checkbox"/>	(2)A specific purchase or expense
	<input type="checkbox"/>	(3)Ongoing(but time limited) expenses

If you have ticked 1 or 2 above, please describe the project or expense. If 3, explain why the need for funding has arisen.

What is the total cost of the project/purchase/expense:

How much of the total cost are you requesting from William Hall Trust:

If you are requesting only part-funding from William Hall Trust, how will you find the balance of total funding you require:

When is the funding required:

What date will the project/purchase be completed:

Who will take responsibility for ensuring that any grant from William Hall Trust will be spent only on the purpose above?

Relationship to the applicant:

If this application is successful, to whom should a cheque be made payable?

Application approved / declined

Trustee signature

Trustee signature

Trustee signature

Date

I acknowledge receipt of £..... from the William Hall Trust and will ensure that it is used only for the purpose stated above:

Date: \_\_\_\_\_

Signature of applicant. If applicant under 18, signature of parent/guardian