



7 Crownwood Gate,
Beavers Road, Farnham,
Surrey, GU9 7GE.

applications@farnhaminstitutecharity.org

GRANT APPLICATION FORM

Applicant/Organisation Name:	<input type="text"/>
Applicant/Organisation Address:	<input type="text"/>
Contact Name:	<input type="text"/>
Contact Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>
Organisation Website:	<input type="text"/>
Amount Requested:	<input type="text"/>
Date Funds Are Required By:	<input type="text"/>
Payee Name:	<input type="text"/>
Payee Account Number:	<input type="text"/>
Payee Sort Code:	<input type="text"/>
Request Grant Via Cheque (tick box)	<input type="checkbox"/>
Reason for application:	<input type="text"/>

Please also provide the following where applicable:

- A detailed projection for your current financial year.
- Your most recent set of accounts.
- Details of any current financial supporters including those already applied to.
- Written quotations for equipment or project costs relevant to application.
- Any other information you feel is relevant to your application.

If you would prefer a cheque to be issued it will be posted to the applicant address provided above.

If you have any questions or difficulties completing this form please call 01252 711852 or email applications@farnhaminstitutecharity.org