



GRANT APPLICATION FORM

Please complete all sections of the form. Failure to do so may result in your application being deferred for further information. Please note that along with your completed Application Form, you are required to submit:

- A written quotation of the cost of the goods/expenses applied for

It is important that you read the Grant Application Guidance notes prior to completing this form. Please return the completed form to:

Chair of Trustees
The Carl Chapman Memorial Trust
c/o Karen Chapman
City of Newcastle Gymnastics Academy
Benfield Road, Walkergate
Newcastle NE6 4NU

Name of Grant Applicant: _____

Name of Parent/Carer (if appropriate, to issue payment to): _____

Address: _____

_____ Postcode: _____

Telephone Number _____ Date of Birth _____

Name of Club/s of which you are a member _____

Where do you normally train or coach? _____

How often to you train or coach? _____

Which Grant are you applying for? (please tick appropriate box)

- Equipment Grants
 - Special Sporting Events
 - Coaching Training Course grants
 - International Sports Grants
 - Other (please specify – this must be clearly related to the sport of gymnastics)
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Please give details of the grant assistance being applied for:

Details/Items	Cost (£)
Total	£

How much of the total cost can you contribute? £ _____

Please give details of any other applications for financial assistance being made in respect of this claim, if applicable:

Authority/Organisation Applied to:	Date of Application	Grant Awarded (if any)

In order to help the trustees in assessing your application, please provide further relevant details in support of your application:

(Please continue on an additional sheet if required)

I confirm that the information provided in this application is true and accurate:

Signature of Grant Applicant		Signature of Parent/Guardian <small>(if applicant is under 18yrs)</small>	
Full Name (CAPS)		Full Name (CAPS)	
Date		Date	

OFFICE USE ONLY

Date Application received _____

Letter of Support received? Yes / No

Quotation received? Yes / No

This Grant has been fully approved / part approved / declined by a minimum of two Trustees.Comments/Rationale for Decision

Signature of Grant Appraisal Panel Member (1)		Signature of Grant Appraisal Panel Member (2)	
Full Name (CAPS)		Full Name (CAPS)	
Date		Date	

Amount Granted		Cheque Number	
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