

ADVENTURE TRUST FOR GIRLS

Registered Charity No 800999 e-mail aferrero@eastdevon.gov.uk



INDIVIDUAL GRANT APPLICATION FORM

To qualify for assistance you must be over 10 years and under 20 years of age on the first day of the venture, and live or attend school within 8 miles of Exmouth Town Hall, to the east of the River Exe and South of the M.5.

For Office Use only:
Application received:
Decision taken:
Grant sent:
Receipt received:
VALUE OF AWARD £

Part 1 : Personal Details

Name:.....
Address:.....
.....
Post code:
e-mail:.....

Date of Birth:..... Age at start of trip:.....

Contact telephone number home:

Mobile:.....

School or College:..... Year Group or course:.....

If you are no longer in full time education, please give details of your present occupation:

.....
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Part 2 : Project Details

Purpose:.....

Dates: Start..... Finish.....

Details of programme, please attach a letter including the following details :-

- 1) Name of Organisation if applicable ,
- 2) Itinerary with copy of brochure if available,
- 3) State briefly why this project will be a challenge for you,
- 4) Make clear how much of the planning is yours.

If you have applied to the Trust before, please give date and details:

.....
.....

Approximate costs

ITEM	DETAILS	COST
Travel:		
Accommodation:		
Other living expenses: (food etc)		
Professional fees: (instruction etc)		
Insurance:		
Any other expenses: (excursions, passport)		

Total £

000---000---000---000---000---000---000---000---000---000---000---000---000---000---000---000

Part 3 : Sources of Funds

Please state here the amount you have raised towards this project £.....

and how you have done this:.....

If anyone else is contributing, who and how much £.....

Date by which the grant is required:.....

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Part 4 Please read carefully before signing.

I hereby apply for financial assistance as per details given on this form which, to the best of my knowledge at the time, are correct. I understand that the Trustees accept no responsibility whatsoever for any aspect of this venture, and I understand that any grant made will be solely on the basis of the details now given and should this venture not proceed as shown I will inform the Trustees and undertake to refund all grant monies to the Trust. I realise that, in approving funds for this Project, the Trust is not in any way liable and that I should consider insuring myself in connection with any risks of the venture concerned.

Applicant's Signature:..... **Date:**.....

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Part 5

In the case of the applicant being under the age of 18 years this part must be signed by the parent or legal guardian.

I approve of my daughter making application for assistance, and of her undertaking the Project described, and I accept the conditions stated in Part 4 above

Signature:..... **Date:**.....

Address (if different from daughter's):.....

Your application should be received well before the start of the project as the trustees only meet at intervals of two months.

Send it to us by e-mail aferrero@eastdevon.gov.uk or post 28 Richmond Road, Exmouth, EX8 2NB