# THE BRIAN LESLIE RACHER 2004 CHARITABLE TRUST **CHARITY REGISTRATION NUMBER 1108727 GRANT APPLICATION FOR AN INDIVIDUAL** Name Address where all correspondence will be sent Date of birth **Daytime Telephone Number Evening Telephone Number Email address** Principal sport / activity Are you a member of a club/ Yes No organisation relevant to this application? If yes, give the name of the club How long have you been a member of the club named above? Yes Are you a resident of Royston? No years **Period resident in Royston**

Present school / college / occupation	
Gross annual income from all sources	
Plans and intentions for the future	
Do you hold any titles (e.g. winners of a competition / qualifications) in your activity?	
Please attach copies of details	
Amount of Grant Aid requested	
Where are you applying for funds? (Please note that a more descriptive answer is required for Grant Panel consideration in the final part of this application form)	

Have you received funding from the	Yes	No
Brian Leslie Racher 2004 Charitable Trust or any other source for this		
or any other purpose during this		
financial year or during the		
preceding 2 years? Give details		
Have you applied for funding from		
other sources for this purpose? If		
so, give details		
<b>5</b>		
Please give the name and address and telephone number of an		
independent person from whom		
references may be obtained		

What are you doing to raise your own funds towards this project or equipment?	
Signed	
Date	

## STATEMENT FOR GRANT APPLICATION (INDIVIDUAL)

This sheet will be circulated to the Trustees. It is in your interest to be as clear as possible regarding the reasons for your application.

#### THIS SECTION TO BE COMPLETED BY THE APPLICANT

Please give brief, descriptive details of the purpose of this application (i.e. list of equipment and prices, object of the application, etc.) and explaining what will happen if it is not granted (include any special circumstances you would like taken into account)

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## THE BRIAN LESLIE RACHER 2004 CHARITABLE TRUST

# STATEMENT FOR GRANT APPLICATION (INDIVIDUAL)

THIS SE	CTION TO BE COMPLETED BY COACH / TEACHER AND/OR CLUB OFFICER
Standard of A	applicant achieved to date:
Borough	
County	
Regional	
National	
International	
Please give d	etails in support of this application

Name	
Address	
Telephone number	
Signed	Date
When completed this form should be returned to:  LIMBACH BANHAM SOLICITORS John Street Royston Hertfordshire SG8 9BG  De	ceived cknowledged ate of panel cyment