

**THE NORMANTON FREESTON FOUNDATION
DIRECTORS AWARD APPLICATION**

PERSONAL INFORMATION	
Full Name	
Address	Contact Number
	Email
Postcode	Date of Birth

What are you doing currently?

I am a Student in year _____

I am a former student and my occupation is _____

Have you ever applied for funding from the Trust before?

I have never applied before	<input type="checkbox"/>
I have applied but I was not successful	<input type="checkbox"/>
I applied and I was successful. I received funds. (please give details of how the funds helped you)	<input type="checkbox"/>

PURPOSE OF THIS APPLICATION
Activity or Event: Please write a short description including venue, exact dates, contact details of responsible organisation.

Estimated costs (remember these are only for yourself)	
Item (please give details e.g. method of transport)	Cost £
Travel in the UK	
Travel Overseas	
Travel – Special requirements (e.g. vaccinations, visa, insurance)	
Accommodation	
Special Clothing and / or Equipment	
Entry Fees	
Other – please detail	
Total Estimated Costs	

Other Financial Help
1 – Are you planning any fund raising activities? (please give details)

2 – Application to other organisations			
Organisation	Date request made	Amount requested £	Response
Rotary			
Inner Wheel			
Lions			
Wakefield MDC			
Normanton Council			
Other (please give name)			

Total Requested			

PERSONAL STATEMENT (Why should you be supported?)

Please explain why you want to take part in the activity or event, how it will benefit your education and/or personal development, and why you feel you are worthy of support from this fund

I, (*insert full name*) _____ acknowledge that my son/daughter/ward's application * for this fund gives explicit consent to sharing my son/daughter/ward's* personal information with The Normanton Freeston Foundation and Mr John Brearton Clerk to The Normanton Freeston Foundation for the purpose of processing my award payment.

Awards will be paid electronically, please provide the following information:

Full Name on account:

Account Number:
Sort Code:

Signed – Applicant:	Date:
Signed – Parent/Guardian if under 16 years of age:	Date:
Full Name of Parent/Guardian:	Contact Telephone Number: