



The Anson Charitable Trust

Application for Funding Form

Please print off, complete in full all sections relevant to your application and return **by post** to:

The Anson Charitable Trust
Lilies
High Street
Weedon
BUCKINGHAMSHIRE
HP22 4NS

_____ *Title*

_____ *First*

Application Information

Name of Charitable Organisation :

Name and Title of Applicant: _____

Date: _____

Address: _____

_____ *Street Address*

_____ *Town/City*

_____ *Post Code*

Phone: _____

Email: _____

Details

Specific Grant amount requested, or please leave blank: £

Charity Registration No if applicable :

Date Funding Is required _____

Please state any specific Funding Aims: _____

Are your activities based in the UK?

YES NO

Are you a Buckinghamshire based charity.?

YES NO

Have you applied to the A.C.T. previously?

YES NO

If yes, when and were you successful? _____

Is this a Project Trust Application?

YES NO

Please attach your Project brief to the application if so.

Please state
the
geographical
reach of your
activities:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

The Anson Charitable Trust meets at least on a Quarterly basis and you will be contacted via email or letter with the decision of the Trustees.

Once you have received a decision regarding your application from the A.C.T please wait for a minimum time period of 12 months before reapplying.

Signature: _____ Date: _____

Position held..... Individual Applicant.....

On behalf of.....

Please state clearly who cheques should be made payable below, to in the event of successful application

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