## **Application Form for Groups**

Please complete all questions and return this form to **Devon Educational Trust, PO Box 574, NEWTON ABBOT, TQ12 9NJ** or email **devonedtrust@outlook.com** 





1.	Name of your group / organisation		
2.	When was it formed		
3.	Number of members / people that you cate	er for Age Range	
4.	Do they reside in Devon?	YES NO	
5.	Total amount for which you are applying	£	
6.	Purpose for which grant would be used		
	Total cost of this £		
7.	If you have applied or will be applying to oth	er sources for financial help, please gi	ive details here (continue on another sheet if necessary)
	Name of source	Amount requested / to be requested	Outcome (successful/unsuccessful or awaiting outcome)
		£	
		£	
		£	
8.	Are audited financial records kept for you (If yes, please submit a copy of the audited a		
9.	Your name	Mr/Mrs/Miss/Ms:	
	Office held within group		
	Address		
	Postcode		Tel No.
	Email address		
10.	Names of the main officials of your group (Please also state the office held within the g	oup)	
	1.		Office hold
	2.		Office hold

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11.	Please give details of a person, preferably independent of your group, who we can ask to provide a reference in support of this application:				
	Name				
	ddress Postcode				
	Tel No.				
	Email				
12.	er o f Application ase provide a statement in support of your application which includes the future plans of the organisation)				
	If emailing supporting image/s please attach and send in jpeg format, maximum 1200 pixels wide by 1200	) pixels high.			
13.	I agree to submit a report to the Trustees showing how the grant was used.	YES	NO		
	I consent to the report being used in part or in total on the Devon Educational Trust website.	YES	NO		
	I confirm that I have read and agree to the Devon Educational Trust Data Privacy Notice which can				
		YES	NO		
14.	I have completed above a statement to support my application. I confirm that all information is commissions or incorrect information will jeopardise my application.	eve completed above a statement to support my application. I confirm that all information is correct and understanges issions or incorrect information will jeopardise my application.			
	Signature of applicant Date				
	Please state where you found information about the Trust				