| INDIVIDUAL FUNDING APPLICATION  THE DAVERS CHARITABLE TRUST |  |
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| --- | --- | --- |
|  | Full Name: |  |
|  |  |  |
|  | Address: |  |
|  |  |  |
|  | Contact Telephone Number: |  |
|  |  |  |
|  | Date of Birth: |  |
|  |  |  |
|  | Contact Email Address: |  |
|  |  |  |
|  | Reason for Request: |  |
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|  |  |  |
|  |  |  |
|  | How Much Money Do You Seek? |  |
|  |  |  |
|  | How Will This be Used? |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Please Explain How You Will Benefit From The Award: |  |
|  |  |  |
|  | What Have You Done To Raise Funds Yourself and How Much Have You Raised? |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  | Do You Have A Bank Account For Any Award To Be Paid In To? |  |
|  | What Are Your Bank Details  Account Name:  Account Number:  Sort Code: |  |
|  |  |  |

This application form should be used by individuals who wish to apply for funds from the Davers SCIO. All information you supply with your application will be treated in the strictest confidence and stored securely. By submitting this application, you are confirming that the information provided is accurate and complete.

Please return your completed form by email to:

**XXX: XXXXXXXXco.uk**

If you are unable to submit you application electronically you may submit a hard copy to:

**The Davers Charitable Trust**

**Walker and Sharpe**

**37 George Street**

**Dumfries**

**DG1 1EB**

**Please keep a copy of your application for your records.**