

Cornwall Garden Society Fund APPLICATION FORM

To be eligible for this award you must:

- be resident, studying or working in Cornwall or the Isles of Scilly
- be of limited means
- possess a talent for and commitment to Horticulture or an associated relevant subject

Please see the attached guidelines, which will help you complete this form.

I. Your details:

Your full name:	Date of birth:
Address:	
	Postcode:
E-mail address:	Tel/Mobile:

2: Your circumstances:

Do you live: Homeowner/with family <input type="checkbox"/> with other relatives <input type="checkbox"/> Rented/Student accommodation <input type="checkbox"/> Other <input type="checkbox"/> Other (please state): _____
Are you: Attending college <input type="checkbox"/> or working <input type="checkbox"/> unemployed <input type="checkbox"/> other <input type="checkbox"/> Other (please state): _____
Name of school/ college / university (you attend or wish to attend): _____ _____
If working Name of employer: _____ Job title: _____ Hours worked (per hour): _____

3. Eligibility – if you feel you are eligible for a grant please contact Marshall Hutchens at Duchy College, Rosewarne or Richard Sneesby at University College Falmouth for them to sign off your form

Signed _____

Date _____

Please highlight name: Marshall Hutchens / Richard Sneesby

4. Why do you think Cornwall Garden Society should support this application and how will this award help your progress and aims?

Dates when the funding is needed – start: _____ **finish:** _____

5. What is stopping you achieving your ambition?

6. How much money do you need? What do you need it for? (Please list in full)

Description	Quantity	Cost (£) each	Total (£)
i)			
ii)			
iii)			
iv)			
v)			
vi)			
Total Amount requested please bear in mind our average award is £200.00 - £1,000.00			£

7. What money have you already raised, and from where? Where else are you looking, and what fundraising are you carrying out?

	Grants applied for (name of funder)	Date applied	Outcome of application or if not known when do you expect to know the outcome (date)?	Total applied for (£)
i)				
ii)				
iii)				
iv)				
v)				
Fundraising:				
TOTAL (£)				

8. Payment Details:

If successful your grant payment will be made via cheque. Please identify who this should be made payable to below:

Print Payee's name: _____

CHECKLIST: Before you sign the form have you:

- Read and understood the guidelines?
- Answered every question in full?
- Enclosed two signed references (without suitable references being enclosed your application might fail)
- Application signed by either Marshall Hutchens or Richard Sneesby

Signed: _____

Date: _____

Print Name: _____

Position: _____

Data Protection

This information will be stored electronically and will remain confidential to Cornwall Community Foundation. We will seek your written agreement before using it for any purpose other than that described herein (such as use by a third party).

Next Steps

Please take a copy of this completed form for your own records. You may be required to refer to your Application Form during the application process. Please then return this **original form** with the documents detailed in the 'Required Documents' section to:

Cornwall Community Foundation
The Orchard, Market Street, Launceston,
PL15 8AU.

If you have any queries regarding your application please contact us by telephoning 01566 779333 or sending an email to grants@cornwallfoundation.com

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