Office Use Only
App No.

Applicants Name		Position		Contact No:
Nominee/Organisations Name:			Registered Charity No:	
Nominees Age Range:		Force Area :		

Nominees' address:

_____

_____ Tel No: _____

Purpose for which help is needed:

How did you hear about the Charitable Trust?

Date of Application:	Signed:

Office Use Only	Meeting Date	ualifiers met? Yes ☐ No ☐

Committee comments

Quote 1 (attached)		Total applied for		Total Awarded	
Quote 2 (attached)		Committee Members Present:			
Quote 3 (attached)		Nominee informed of decision			
Cheque No:		Made payable to:			