APPLICATION FOR A GRANT

FROM THE MADELEINE MARY WALKER FOUNDATION

Reg Charity Commission no: 1062657

In order for your application to be considered fully by the trustees, please complete the following form:

**Section 1: Essential Information**

|  |  |
| --- | --- |
| **Title:** | **Name:** |
| **Address:** | **Contact details:** |
|  | Home tel no:Mobile tel no:Email address: |

**Section 2: Details of your application**

Outline the basis of your application, including details of your income, outgoings and any shortfall.

**Section 3: Supporting Information**

Include here any evidence in support of your application, such as proof of acceptance on chosen course, costs of equipment, testimonials (continue on a separate sheet if necessary):

Signed: ........................................................................................ Dated: .......................................................