



APPLICATION FORM FOR FUNDING FROM THE EEB4 COMMUNITY FUND

Name

Address

Role within school Teacher Parent Pupil Section representative

Telephone (s)

Email address

**In filling in this form, you are taken to have read and accepted the Community Fund Rules and to have agreed to provide a written report on any project which is granted funding within 3 weeks of the event*

Type of project (please tick all that are applicable)

- Sporting Event
- Cultural Event
- Project benefiting the School Environment
- Project improving the reputation of the school
- School Exchange
- Other (please specify)

Description of the Project (please continue on an additional sheet if necessary)

Objective

Section and Age group (N/P/S)

Activity



Date/Period of project
 (if a decision is required in less than 6 weeks, please specify)

Financial Information	
Total Cost of Project including details of any deposit. Please include a full breakdown of all cost
Eligible for other funding	Yes <input type="checkbox"/> please specify from whom and the status of any application No <input type="checkbox"/> please specify why not
Amount requested from the Community Fund
Source of the balance of funds (if applicable). E.g. fundraising
Is this event/ project likely to raise funds	Yes <input type="checkbox"/> (Please specify whether profits will go to the Community fund or to another cause) No <input type="checkbox"/>
Signed Dated	