



APPLICATION FORM FOR FUNDING FROM THE EEB4 COMMUNITY FUND

Name

Address

Role within school

Teacher Parent Pupil

Telephone (s)

Email address

**In filling in this form, you are taken to have read and accepted the School 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/Age group

(N/P/S)

Activity



Date/Period

Financial Information

Total Cost of Project

Amount requested from the Community Fund



Eligible for other funding

Yes please specify from whom and the status of any application

No

Is this event likely
to raise funds

Yes (Please specify what you intend to do with any profits)

No

Signed
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Dated