

# KINGSKERSWELL SUMMER MOON TRUST

(Registered Charity No: 1141844)

## Grant Application Form

**Name and Address of Applicant:**

**Contact details:**

**Organisation/Beneficiary (if different):**

**Registered Charity: Yes/No If Yes, registration number:**

**If you are not a registered charity, please detail specific hardship or need (charitable cause):**

**Amount requested (if known): £**

**Application, please specify details, particularly how funds will be spent or distributed (use separate sheet if necessary):**

**I confirm that I am the beneficiary or I am authorised to make this application on behalf of the beneficiary and, if granted any funds, monies will be spent or distributed as outlined above:**

**Signed:**

**Date:**

**For Kingskerswell Summer Moon Trust Only**

**Grant Approved/Not Approved**

**Amount: £**

**Conditions:**

**Signed:**

**(Trustee) Date:**

All information recorded is subject to the General Data Protection Regulations 2018 (please see separate Privacy Notice and Consent Form). The Kingskerswell Summer Moon Trust will retain a copy of this form permanently. Details may be disclosed to the Charities Commission and/or Her Majesty's Revenue and Customs.