

THE GLASGOW SOCIETY FOR THE EDUCATION OF DEAF AND DUMB

GRANT APPLICATION FORM

FULL NAME OF PERSON OR ORGANISATION MAKING APPLICATION:

ADDRESS:

POSTCODE:

PHONE NO:

DATE OF BIRTH (IF APPLICABLE):

NAME OF BENEFICIARY (IF NOT THE ABOVE):

BRIEF BACKGROUND DETAILS OF GRANT REQUESTED:

TOTAL COSTS TO BE INCURRED - PLEASE PROVIDE INDEPENDENT WRITTEN DETAILS OF COSTS (I.E. COURSE OR EQUIPMENT):

GRANT(S) RECEIVABLE/APPLIED FOR, FROM OTHER ORGANISATIONS
(NAME OF ORGANISATION AND AMOUNT):

AMOUNT OF GRANT SOUGHT FROM THIS SOCIETY:

SIGNATURE DATE