****The Angela Lynsey Macdonald Trust

APPLICATION FORM

**Please complete all relevant sections using block capitals. Thank You**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Applicant |  | Date of Birth(personal applicants only) |  |
| Address |  |
| Telephone number |  |
| E-mail |  |

|  |
| --- |
| Are you applying for yourself? YES /NOIf NO, please give details of the person/ organisation for whom you are applying. |
| Name of Applicant |  | Date of Birth(individual applicants only) |  |
| Address |  |
| Telephone number |  |
| E-mail |  |

|  |
| --- |
| Please state reason for application |

|  |  |
| --- | --- |
| Applicant Name |  |
| Reason for application [continued] |

|  |
| --- |
| Please give details of someone who supports this application (eg: Minister, Church Leader, Youth Leader) |
| Name |  |
| Address |  |
| Relationship to applicant |  |
| Telephone number |  |
| E-mail |  |
| Preferred contact |  |

Once completed, please send this form to The Angela Lynsey Macdonald Trust, 11 Charles Jarvis Court, CUPAR, Fife. KY15 5EJ or e-mail to **info@angelamacdonaldtrust.org**

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| --- |
| **FOR OFFICE USE ONLY** |
| Date application received |  |
| Date application acknowledged |  |
| Date application discussed |  |
| Application approved ? (delete as appropriate) | Yes | No |
| Funding awarded |  |
| Date funding paid |  |