



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 /NO

If 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

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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

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		