

Chair
Cheryl Honeycombe

Our Contact Details

Hon. Secretary
Peter Honeycombe

Email: funds@winchesterscope.org

Application Form for Funding

Your Personal Details

Name: _____

Address: _____

Post Code: _____

Your Telephone number (landline):

Your Telephone number (mobile):

Your email address: _____

Application Details

1. Please select one of the following statements, which best describes your current situation:
Please type an 'X' in one of the grey boxes below to indicate your answer

<input type="checkbox"/>	I am applying for/on behalf of	<input type="checkbox"/>	myself
<input type="checkbox"/>	I am applying for/on behalf of	<input type="checkbox"/>	

Type the name of the person above

2. How much money are you applying for? £ _____

3. What are you planning to spend the money on?

Please enclose with this form any estimates of cost or details of items to be bought, together with support from your Physio or Occupational Therapist where appropriate.

Please continue filling in your application form on Page 2

Funding Details

4. Please select one of the following statements, which best describes your current situation:
Please type an 'X' in one of the grey boxes below to indicate your answer

<input type="checkbox"/>	I have not approached any other organisation or individual for money
<input type="checkbox"/>	I have also applied for money from: _____

5. Does this cover the entire cost?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

6. Are you able to contribute to the cost?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

7. Please use this box to provide any other relevant information:

Signed:

(you don't have to provide a signature if you are submitting this form via email)

Date: