



COMHAIRLE NAN EILEAN SIAR
DEPARTMENT OF EDUCATION AND CHILDREN'S SERVICES

APPLICATION FOR ROSS & CROMARTY EDUCATIONAL TRUST GRANT

- Before completing this form, please read carefully the accompanying Guidelines.
- If there is insufficient space at any part of this form, please continue on a separate sheet.

FOR OFFICE USE ONLY

Received		Acknowledged	
Decision			
Date applicant notified		Date payment made	

APPLICANT DETAILS

Name of Applicant or Organisation	
Position in Organisation (if applicable)	
Contact Address (including Postcode)	
Contact Telephone No.	

RESIDENCY ELIGIBILITY

I The Ross and Cromarty Educational Trust provide financial assistance only for Lewis based persons or organisations. Lewis being the area quantified by Postal Codes HS1 and HS2 (Sector 0 and Sector 9)

Do you (or does your group) meet the residency eligibility criteria? Please answer either YES or NO.	
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PURPOSE FOR WHICH GRANT ASSISTANCE IS BEING REQUESTED

2 Please indicate which Section of the Trust you are applying to for financial assistance:

Section Number	
Title	

3 How does the purpose for which you require funding relate to the criteria associated with the Trust Section to which you are applying for financial assistance?

Briefly describe your proposed activity/project/purchase.	
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4 If you have applied to the Ross & Cromarty Educational Trust for financial assistance for group activities, eg. Educational travel/excursions etc, please provide numbers involved in your proposed project.

Number of adults/children involved in your activity/project	
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5 Ross & Cromarty Educational Trust grants are awarded to eligible persons/organisations once in each financial year. To determine which financial year your award should be made in, please provide dates for your activity/project/purchase.

Date(s) of proposed activity/project/purchase	
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6 The Ross & Cromarty Educational Trust provides financial assistance to persons or organisations that are undertaking activities of an educational nature. What educational benefits do you expect to acquire as a result of your purchases/activities/projects?

Briefly describe the educational benefits you expect to achieve as a result of your proposals.	
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FINANCIAL INFORMATION

7 *As each application for grant must be supported by cost estimates, it is important that you provide, as accurately as possible, the information that is being requested under this heading.*

Please give details of the costs associated with your activity/project/purchase		OFFICE USE ONLY	
Total Cost of Project	£	Amount of Grant approved	£

8 *If you have applied to any other body for financial assistance, for the purpose described in this application, please provide details below. (If there is insufficient space at this part of the form, please continue on a separate sheet.)*

Contact name and address of body/bodies to which request for additional funding has been made.			
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Please state items, detailed at 3 above, for which additional funding has been requested.			
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Please state amount of grant for which you have applied.	£	£	£
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If your application for funding was successful, please state the amount of grant you have been awarded.	£	£	£
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What is your (or your organisations) financial contribution?	£	£	£
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ADDITIONAL INFORMATION

9 *Please provide any additional information, which you feel may be relevant, to support your claim for grant funding.*

DECLARATION

I declare that:

1. To the best of my knowledge and belief, the information given and figures quoted in this application form are complete and accurate.
2. I have provided the information requested, in the accompanying guidelines, in relation to the Section of the Trust to which I have applied for financial assistance.
3. I will supply any additional information required by the Department of Education and Children's Services to verify the particulars given.
4. I will also inform the Department, immediately, of any changes in these particulars.
5. I understand that the giving of false information or the withholding of relevant information will affect my application for grant funding.

Signature of Applicant: **Date:**

Data Protection Act 1998

The information which you have given will be used to assess your claim for a grant and will be held securely in compliance with the terms and conditions of the Data Protection Act 1998. It may be disclosed to the Comhairle's internal or external auditors.