

THE WALLIS TRUST
Application Form for Lump Sum Grant

Please complete ALL sections of this Application and return to The Trustees, Wallis Trust at the address below with any relevant information

Name of Organisation:

Address: Telephone No:

Contact Person: Email Address:

Please provide a description of the project [including who will benefit] in the panel below:

Amount applied for:

Total cost of the project:

Funds already available:

Other grants applied to for this project:

Please include 4 copies each of:

- Application Form
- Annual Report [if you have one]
- Financial Statement
- Organisation's objectives
- Other supporting documentation deemed appropriate to your project

I/We confirm the Wallis Trust may collect information about our Organisation from Third Parties in respect of this Application.

.....
Signature

.....
Position

.....
Date

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Signature

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Position

.....
Date

NB: LATE AND INCORRECTLY COMPLETED APPLICATIONS WILL NOT BE CONSIDERED. PLEASE RETAIN A COPY OF THIS FORM FOR YOUR RECORDS

Office Use Only:	Approved or Declined:
Amount Recommended:	Comments:
	Reference No: