Pexhurst Charitable Trust – Funding Application Form

Before completing this form, please refer to our website to find out who we support.

Once completed in full, please submit to charitabletrust@pexhurst.co.uk

Your Details

Full name of applicant*:	
Name of primary contact: (if different)	
Organisation name: (if applicable)	
Contact email address*:	
Contact phone number*:	
Registered charity number: (if applicable)	
Address*:	
Website: (if applicable)	

Bank Details

Bank name*:	
Bank address*:	
Account name*:	
Account number*:	
Sort code*:	

PEXHURST
CHARITABLE TRUST

Project Information

Description of your organisation's activities & objectives: (if applicable)	
Name of the project you wish to fund*:	
Please provide a description of the overall purpose of the funding and how this will provide benefits*:	
Geographical location where funds will be spent (including postcode)*:	
How many people will benefit from this application?*	
If the trust does not provide funding, what impact will this have?	
When do you propose this project will take place/what date are the funds needed by?*	

Funding Request

Amount (£) of grant funding you wish to apply for?*	£
Please provide a breakdown of your budgeted use of funds*:	

What proportion of the overall spend on the project does this represent? If not full amount, please specify source of remaining funds*:	

Further Information

How did you hear about Pexhurst's Charitable Trust*?	
Any other information to support this application?	

Application Authorisation

Signed*:	
Name*:	
Date of application*:	