

GRANT APPLICATION FORM

Information requested in this application form is the minimum required for a grant to be considered.

Applicants can enclose additional information as necessary.

1. CONTACT DETAILS

Name of School

Name and Position of Contact Person	
Address	
Telephone Number—Switchboard and Direct Dial	
Email Address	
Registered Charity Number (if applicable)	
2. GRANT REQUESTED	
Nature of event/project	
Proposed date of event/timing of project	
Objective	
Educational benefit (e.g. National Curriculum relevance)	
Number and age of children/students	
Full cost (£)	
Grant requested (£)	
Funding from other sources (sought or secured)	



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DECEMBRION	
I am an authorised representative of	_ (name of organisa-
tion). To the best of my knowledge the information I have provided on this application	on form is correct. If
the Dorchester Agricultural Society 1840 Fund agrees to make a grant, the money will	be used exclusively
for the purposes described in this application form and I undertake to provide proof	of expenditure and
confirmation of outcome in the prescribed manner.	
Signature	
Print Name	
Davitian in Openiation	
Position in Organisation	
Data	
Date	
APPLICATION CHECK LIST (for administrative purposes only)	
The applicant is a qualifying Dorset school	
The proposal has a qualifying educational purpose	
The applicant has not already been grant aided in the current year	
, , ,	
The application has been signed by an authorised representative of the applicant	

PLEASE SUBMIT COMPLETED APPLICATIONS TO:

Dorchester Agricultural Society, Agriculture House, Acland Road, Dorchester, Dorset, DT1 1EF Or secretary@dorsetcountyshow.co.uk