

THE THOMAS HOWELL'S EDUCATION FUND FOR NORTH WALES ("THEFNW") APPLICATION FORM

Please read the "Guidelines: How to Apply" before completing this form Please complete all sections

1. Organisation/school/college ("Organisation")

Name:				
Address:	Phone (main):			
	Mobile:			
Post code:	Wobile.			
Email:	<u> </u>			
Website (insert hyperlink):				
Contact person (and position):				
Charity/company registration number and date of regis	tration (if applicable):			
Are you part of a national charity or company? If so, give details:				
Have you applied to THEFNW before? If yes, give yea 1. Date: Successful (yes/no): 2. Date: Successful (yes/no):	r(s) and outcome(s): If yes, amount of grant: If yes, amount of grant:			
3. Date: Successful (yes/no):	If yes, amount of grant:			
2. Details of Organisation				
What does your organisation do (ie aims, activities, etc brief (ie primary, secondary, etc) (100 words max):)?. If a school, please give relevant information in			
blief (le primary, secondary, etc) (100 words max).				
Number of Full-time staff: Number of Part-ti	me staff: Number of Volunteers:			
Geographical area for which funding is required (please circle all that apply)				
ANGLESEY CONWY DENBIGHSHIRE	FLINTSHIRE GWYNEDD WREXHAM			

3. Financial information

Please enclose a copy of your most recent audited accounts (except schools and colleges) and give the following key details:		
Accounts for financial year ended:		
Total income:		
Total expenditure:		
Unrestricted reserves:		
(Where relevant) is a Trustee Report attached?		
4. Details of application for funding		
Concise summary of what your project will do and how it will be implemented (800 words max):		
What is its primary outcome?:		
What other problem(s) will it address (if any)?:		
Details of implementation (including timescale(s)):		
Method(s) of evaluation:		
Beneficiaries: Number and age range of young people who will benefit from the project:		

5. Project budget
Please provide a comprehensive budget for the project to be funded. Attach estimates from suppliers for capital sums in excess of £1,000 (no more than 2 sides of A4).
Total cost of the project: £ Details of funding awarded/pending/refused or other income raised to date. If outcome is pending, please
state when you expect to hear whether you have been successful.
Schools: Additional Information
If your Organisation is a school, please also answer the following:

(a) how many pupils attend the school?(b) does the school receive a Pupil Deprivation Grant? If so how much and how is it used?				
(c) how many and what proportion of (d) how many of your SEN pupils rece				
	(e) how many and what proportion of your pupils are on Free School Meals?:			
Amount requested from THEFNW:				
Bank details for payment of grant by BACS transfer:				
Account Name:				
Sort Code:				
Account Number:				
Account Number.				
6. Other information				
How have you heard of THEFNW?				
Signed:	Print Name:	Date:		

Please return the completed form and any supporting documentation to:

Mrs Susan Mayall Administrator THEFNW 6 Telford Rise Castle Road Chirk Wrexham LL14 5AJ

thefnw@thedrapers.co.uk