FREE A

Youth Fund Grants

Application Form

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Please ensure you read all of the guidance **BEFORE** you complete the form.

- Information requested in this application form is the minimum required for a grant to be considered, additional information may be requested in some cases.
- Applicants can send additional information if necessary. Instructions on how to send this will be provided by automated email after submission of this form.
- Applicants should be aged 18 or under.
- Applicants must be able to demonstrate a connection to Freemasonry.

The Durham Freemasons Charity Committee meets quarterly (February, May, August and November) and applicants are informed of the outcome during the following month.

Community Support Grants Committee

Durham Freemasons Charity Ltd 8 The Esplanade Sunderland SR2 7BH

Tel No: (0191) 567 5365 **Fax No:** (0191) 567 1276

Email: charity@durhamfreemasons.org Website: www.durhamfreemasons.org Registered Charity Number: 279313

* Required

Applicant Contact Details

1.	Name of applicant. *	
2.	Date of birth. *	
		:::
3	Telephone / Mobile number. *	
	Email address. *	
	Please ensure accuracy as a receipt of this submission will automatically be emailed to this address, as	
	well as instructions for submitting additional supporting documents.	

Grant Requested and Eligibility

In order to be considered for a grant, you must be able to demonstrate a connection to Freemasonry.

5.	Please state why you would like a grant and for what purpose it will be used. *
6.	Please provide an estimate of the amounts required. *
7.	How would a successful grant benefit you? *
ρ	Provide details of your connection with Freemasonry. *
	For example, you may have a family member who is/was a Freemason. You have been involved in Masonic
	events/fundraisers with friends or family, or groups such as the Masonic Fishing Charity etc.
	The name of any Freemason / Lodge Name may be helpful but this are not required.
Ra	ank Details
	your application is successful, a payment will be made via BACS to the nominated account below.
11)	our application is successful, a payment will be made via BACS to the nonlinated account below.
Mo	odern banking checks will try to verify the details provided below before a payment can be made. Please make
	re the details you enter are correct to avoid any delay in payment.
9.	Name on Account. *
۶.	Name of Account.
10	Name of Bank/Building Society. *
10.	varie of buring buriaring society.
11	Account Number. *
	recount italiant.

The value must be a number

12.	Sort Code. *							

The value must be a number



Declaration

To the best of my knowledge the information I have provided on this application form is correct.

If Durham Freemasons Charity agrees to make a grant, this will be used exclusively for the purposes described in this application form.

13. **I Agree ***

- Yes (Submit Application)
- O No (Cancel Application)

You selected "No" to the Declaration.

If this was a mistake, select the "Back" button below to return to the form, alternatively to cancel the application close your web browser.

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