CROWTHORNE EDUCATIONAL CHARITY
GRANT FEEDBACK FORM

1 Personal Information

Name of Applicant	
Date of Birth (if under 16)	
Home Address	
Post Code	
Telephone No	
E-mail Address	
Educational establishment	

2 Activity undertaken

Activity Title	
Organising Body	
Date Started / Completed	
Total Actual Cost	£ (see over)
Total Grants received	£ (see over)

(Please see reverse for detail and please attach any supporting information relating to your Grant)

3 Activity description and achievement

4 Total Cost of Activity

Cost Item	Amount £
Total (to section 2)	

5 Total Grants/Financial Assistance Obtained

Source of funding	Amount £
Crowthorne Educational Charity	
Total (to section 2)	

We the undersigned confirm that the information given is correct and that the activity for which the Grant was obtained was completed.

Signature of Applicant ……. Date ……..……...

Signature of Parent/Guardian …… Name of Parent/Guardian ……..…
(if applicant under 16)

Contact Tel No …….……

Signed by one of original Referees …….

Completed Feedback Form to be returned to the Clerk to the Trustees,
The Morgan Centre, Wellington Road, Crowthorne, RG45 7LD