

# DSGC Charitable Trust Grant Application



Note to applicants: To apply you must be a member of a British Gliding Association (BGA) Gliding Club.

For Terms and Conditions, please refer to the DSGC Charitable Trust Grant Making Policy

|                |
|----------------|
| Title:         |
| First Name(s): |
| Surname:       |

|                   |
|-------------------|
| Date of Birth:    |
| Home Telephone:   |
| Mobile Telephone: |

|  |
|--|
| Address:   |
| Town:  |
| County:  |
| Postcode:  |
| Personal Application: <input type="checkbox"/>     |
| Organisation Application: <input type="checkbox"/> |
| Name of Organisation (if applicable):              |

|                             |
|-----------------------------|
| Email:                      |
| Gliding Club:               |
| Member since:               |
| When did you start gliding: |

|  |
|--|
| Gliding qualifications held with date: |
| Solo <input type="text"/>              |
| Bronze <input type="text"/>            |
| 100Km <input type="text"/>             |
| Silver <input type="text"/>            |
| Gold <input type="text"/>              |
| Diamonds <input type="text"/>          |
| BI <input type="text"/>                |
| Ass Cat <input type="text"/>           |
| Full Cat <input type="text"/>          |
| Cross Country Kms <input type="text"/> |
| Launches <input type="text"/>          |
| Hours <input type="text"/>             |

|   |
|---|
| Please describe your project (not more than 200 words): |
|---|

|   |
|---|
| List any previous successful funding support for gliding in last 5 years: |
|---|

|                                 |
|---------------------------------|
| What is the total project cost: |
|---------------------------------|

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|---|
| List any unsuccessful bids for funding and reasons: |
|---|

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| How much grant funding towards the project are you requesting: |
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|---|
| What is the proposed timetable for the project: |
|---|

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|--|
| How will you fund your project, if unsuccessful: |
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|                   |
|-------------------|
| Signed Applicant: |
|-------------------|

|       |
|-------|
| Date: |
|-------|

If under 18 years of age, the applicant must obtain the signature of his / her parent or guardian

|                           |
|---------------------------|
| Signed Parent / Guardian: |
|---------------------------|

|       |
|-------|
| Date: |
|-------|

When completed, please give Application form to one of the DSGC Charitable Trust Trustees, we aim to provide a response within 2 weeks. We will contact you 6 months after a successful application for you to confirm how you have benefited from the Grant and achievements you have gained, we may use this in publicity for the DSGC Charitable Trust.

For DSGC Charitable Trust Use

|                      |  |                     |  |
|----------------------|--|---------------------|--|
| Date of Application: |  | Awarded / Rejected: |  |
| Project name         |  |                     |  |
| Total Grant          |  | Reason:             |  |