



APPLICATION FOR FUNDING – 2016/17

| | |
|--|---|
| Name of Hospital/Organisation: _____ | |
| Contact Name and Address: _____ _____ | |
| Email: _____ | Telephone: _____ |
| If you are seeking sponsorship to send a child to Burns Camp please give the following details (use one application form per child and photocopy if you require more): | |
| Name of Camp: _____ | |
| Date of Camp: _____ | |
| Total Amount Applied For (up to £500 per child): £ _____ | |
| Dates when they have received in-patient treatment from you: _____ | |
| If you are seeking funding for a project/activity/equipment, please give full details (use a separate sheet if required) | |
| How many children do you anticipate will benefit from this project/activity/equipment? _____ | |
| Total Amount Applied For (up to £500 per application): £ _____ (use one form per project – photocopy if you require more) | |
| Please give details of who cheque should be made payable to and the date by which it is required _____ | |
| Signature of Applicant: _____ | Position: _____ |
| Print Name: _____ | Date: _____ |
| <small>FOR OFFICE USE ONLY</small> Signature of Trustee: | <small>FOR OFFICE USE ONLY</small> Signature of Trustee: |

Completed application forms should be returned to:
Grant Applications, Children's Burns Trust, 2 Grosvenor Gardens, London SW1W 0DH
Successful applications will be notified normally within 4 weeks of receipt.