

# STANLEY BARKER CHARITABLE TRUST

## APPLICATION FORM

Applicant's Full Name	
Home Address	
Telephone Numbers	
Email	

Please give full details of <u>amount of grant required</u> , how the grant, if given, would be utilised.	
Item:	Cost:

If additional space is required please attach a separate sheet

Any other information that you think the Trustees may need to help them in their decision.

SIGNED..... DATED.....

PRINT NAME :

PLEASE PROVIDE A COPY OF YOUR IDENTIFICATION TOGETHER WITH EVIDENCE TO ACCOMPANY THIS APPLICATION AND SEND IT TO

SARAH WEBSTER  
CHATTERTONS SOLICITORS, 5 SOUTH STREET, HORNCastle, LN9 6DS