**The CCFA Small Grant Programme**

**Application Form**

*Please refer to the CCFA Small Grant Programme ‘Guidance Notes’ before completing this form. Applicants should ensure that this application form is completed in full, with detailed information given in order to enable a fair and comprehensive assessment to be made.*

|  |  |
| --- | --- |
| **CADET RANK & FULL NAME** |  |
| **CONTINGENT** |  |
| **TAKEN ON STRENGTH DATE** |  |
| **WESTMINSTER NUMBER** |  |
| **DATE OF APPLICATION** |  |

1. **GRANT REQUEST** *(please note that in general individual grants are awarded up to £350 only)*

|  |  |
| --- | --- |
| **TOTAL AMOUNT REQUESTED** | £ |

|  |
| --- |
| **Please outline the reason for your grant request and the use to which any grant would be put** *e.g. travel, training, equipment purchase (for the latter please list each item and indicate intended future use).* |
| *This box must be completed by the* ***cadet*** *in order for your application to be considered.* |

|  |  |  |
| --- | --- | --- |
| **Grant Breakdown** *(please list in detail specific costs associated with this grant request)* | | |
| 1 | Activity Costs | £ |
| 2 | Equipment Costs | £ |
| 3 | Travel Costs | £ |
| 4 | Food Costs | £ |
| 5 | Other Costs | £ |

For grant requests in support of attending an activity please also complete the following:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ser** | **Activity**  *(Course Title etc.)* | **Provider**  *(Bde/Service Branch etc.)* | **Location** | **Start Date** | **End**  **Date** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |

|  |
| --- |
| **Please provide any other information that you consider relevant in support of your application** *e.g. why you require financial assistance, any factors that have hindered your development within CCF, how the activity will help with personal development to prepare you for your future aspirations and the benefits you will bring to your contingent after participating in the activity.* |
| *This box must be completed by the* ***cadet*** *in order for your application to be considered. Applications that demonstrate need will be given priority by the CCFA Small Grants Committee.* |

|  |  |
| --- | --- |
| **Applicant’s Signature** |  |
| **Date** |  |

1. **CONTINGENT COMMANDER’S APPROVAL**

Please note the Contingent Commander is required to include their comments in support of this application. Contingent Commanders should ensure that this application form is completed in full prior to submitting via email to [grants@cadetsinschools.org](mailto:grants@cadetsinschools.org)

|  |  |
| --- | --- |
| **CONTINGENT COMMANDER RANK AND FULL NAME** | |
|  | |
| **CONTACT NUMBER** | **EMAIL ADDRESS** |
|  |  |

|  |
| --- |
| **Contingent Commander’s Comments** (mandatory) *please provide supporting comments in particular to include why the cadet is eligible – see guidance notes for criteria. If applicable, cadet’s financial hardship should be mentioned.* |
|  |

For the correct source of funding to be allocated, please tick as appropriate if the following applies to the individual applicant:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 | Bursary Student |  | 5 | SEN Student\* |  |
| 2 | Pupil Premium |  | 6 | BAME Student\* |  |
| 3 | FSM\* |  | 7 | Other *(specify below)* |  |
| 4 | LAC\* |  |  | | |

*\*FSM (Free School Meals), LAC (Looked After Child), SEN (Special Educational Needs), BAME (Black, Asian, Minority Ethnic)*

|  |  |
| --- | --- |
| **Contingent Commander’s Signature** |  |
| **Date** |  |

**By signing this you are confirming that your CCF contingent holds a current membership with the CCFA and as such are eligible to apply for this fund.**

1. **CONTINGENT BANK DETAILS**

**PLEASE PRINT IN BLOCK CAPITALS**

**CCF CONTINGENT DETAILS**

|  |  |
| --- | --- |
| CCF Contingent Name |  |
| CCF Contingent Address |  |
|  |
| CCF Contingent Post Code |  |
| CCF Email *(notification of payment will be sent)* |  |

**BANK DETAILS**

|  |  |
| --- | --- |
| Bank Name |  |
| Bank Address |  |
|  |
| Bank Post Code |  |

**ACCOUNT DETAILS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Account Name *(in full)* |  | | | | | | | |
| Sort Code *(must be 6 digits)* |  |  | **-** |  |  | **-** |  |  |
| Account Number *(must be 8 digits)* |  |  |  |  |  |  |  |  |

**DECLARATION**

***By signing below, I declare that the information I have provided is correct and that I have included the authorised bank details associated with the CCF contingent mentioned above.***

|  |  |
| --- | --- |
| Signature: | Date: |
| Full Name |  |
| Position |  |
| Telephone No. |  |