**COMMUNITY FUND**

**FUNDING APPLICATION FORM**

Name

Address

Role within school

Teacher ☐ Parent ☐ Pupil ☐

Telephone (s)

Email address

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*\*In filling in this form, you are taken to have read and accepted the School Community Fund Rules and to have agreed to provide a written report on any project which is granted funding within 3 weeks of the event*

**Type of project (please tick all that are applicable)**

Sporting Event ☐

Cultural Event ☐

Project benefiting the School Environment ☐

Project improving the reputation of the school ☐

School Exchange ☐

Other (please specify) ☐

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**Has the school management been informed about this project?**

Yes ☐ No ☐

**Description of the Project** *(please continue on an additional sheet if necessary)*

Objective

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Section/Age group (N/P/S)

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Activity

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Date/Period

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**Financial Information**

Total Cost of Project

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Amount requested from the Community Fund

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Eligible for other funding

Yes ☐ please specify from whom and the status of any application

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No ☐

Is this event likely to raise funds?

Yes ☐ (Please specify what you intend to do with any profits)

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No ☐

*The applications submitted to* *communityfund@bru4.eu* *will be read by the members of the* [*Community Fund Committee*](https://www.bru4.eu/en/community/community-fund/committee/).

Signed ……………………………………………..

 Date

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