**St Edmund's College  
Charitable Donation Application Form**

Please complete all sections of this form.

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| **Name of the organisation or charity requesting funding:** |  |
| **Chair or president of the organisation or charity:** |  |
| **Treasurer:** |  |
| **Other important appointees:** |  |

**Bank Account details of the organisation or charity:**

|  |  |
| --- | --- |
| Account name: |  |
| Account number: |  |
| Sort Code: |  |
| Name and address of bank: |  |

**What does your organisation do, and how does it benefit the students of St Edmund’s?**   
Please elaborate on the objectives of your organisation or charity, and explain the strategies it intends to adopt to support the present students of St. Edmund's College:

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**How many students of St Edmund’s are involved in your project?**

Please provide a number along with any additional information you may deem relevant.

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**How much funding are you applying for?**

Please describe the project for which you require a donation and provide a detailed breakdown of how the funding will be used, including details of the project’s full budget.

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**Terms and Conditions**

The College reserves the right to feature details of its charitable giving activities in College publications.

The award of a charitable donation does not entitle the beneficiary to use the name of St Edmund’s College nor any associated branding, including the College shield or any version of it, in any branding material, publication or communication, unless the College has provided its express written permission. In the event that such permission is granted, the College reserves the right to remove it at any time.

Please be aware that any funds awarded must be utilised wholly for the intended purposes. In the event that your request for charitable assistance is approved, the Charitable Award Panel will conduct monitoring activities to ensure compliance with these conditions.

**Declaration**

I hereby consent to abide by the terms and conditions pertaining to the provision of the charitable donation, should I be successful in my application.

Date:

Name:

Signature: