

# Application Form



## Part I – About you or your organisation

### 1. What is your or your organisations name and address

Your, or your organisation's, name	
Full address (incl Postcode)	

### 2. What type of applicant are you?

Individual	<input type="checkbox"/>	Go to question 4
Voluntary / Community Organisation	<input type="checkbox"/>	Go to question 2.1
School	<input type="checkbox"/>	Go to question 2.2

#### 2.1 Voluntary and Community Organisations ONLY (please tick the appropriate box)

Are you a registered charity?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is your registration number?				

Are you a company limited by guarantee?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what is your company number?				

Are there any restrictions on who can join your organisation?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If yes, what are the restrictions and why do you have them? (Max 50 words)				

## 2.2 Schools ONLY

What is your Government Education reference number?	
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### 3. Website

Do you have a website?	Yes		No	
If yes, what is your website address?				

### 4. Your Bank Details

Please enter your bank details for the account into which we will pay the grant.

Bank or building society name	
Bank or building society address	
Account Name	
Account Number	
Sort Code	

### 5. VAT Registration

Are you registered for VAT?	Yes		No	
If yes, what is your VAT number?				

### 6. Grants from other awarding bodies within the last 12 months?

Have you received a grant from another awarding body within the last 12 months?	Yes		No	
If yes, please provide details.	Distributor		Amount	
	Details			
	Distributor		Amount	
	Details			
	Distributor		Amount	
	Details			
	Distributor		Amount	
	Details			

**7. Who is the main contact for this application?**

This must be the individual who submits the application

Title	
Forename(s)	
Surname	
Position in organisation	
Date of Birth (this helps us prevent fraud)	
Full Address (incl Postcode)	
Phone number (Daytime)	
Phone number (Evening)	
Email Address	

**8. Governing body support**

Where relevant, your applications should be supported by the your governing body.

Does your governing body support this application?	Yes		No	
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Please provide contact details for the individual supporting the application

Name of governing body	
Title	
Forename(s)	
Surname	
Position in organisation	
Full Address (incl Postcode)	
Contact phone number	
Email address	

**Please ensure that every section has been completed, then progress to Part 2 and tell us more about your project.**

## Part 2 – About your project

### 9. *Project Name*

Project name	
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### 10. *Project Description*

What project or activities do you want us to fund? Please be specific about what you will do and what you will spend the grant on. Please refer to the guidance notes on projects we will and will not fund.

(Maximum 200 words)

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### 11. *Project Location(s)*

Where will your project take place?	
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**12. Scholarships, exchanges, coaching or playing opportunities**

If your application involves a scholarship, exchange, coaching or playing opportunity or other sporting opportunity please provide details of this.

Name of Organisation/Opportunity	
Type of Activity	
Title	
Forename(s)	
Surname	
Position in organisation	
Full Address (incl Postcode)	
Organisation website	
Contact phone number	
Email Address	

Please provide a brief summary of what you intend to do. If you have a prospectus, flyer or promotional material regarding the opportunity please attach this to the application.



## Part 3 -Terms and Conditions

When we have received a completed application from you we will start the assessment process. Once the appropriate checks have been completed the application will be presented to the Directors of The Bill McLaren Foundation who will make the final decision on the application.

The Directors will meet to discuss applications on a quarterly basis and generally will meet in:

July / October / January / April

It should be noted that due to checks that will be applied to the application we recommend that you should submit your application four weeks before the Directors meet.

Once a decision has been made we will inform you within 10 days whether you have been successful and if unsuccessful we can advise you on any future steps.

We will assess each application equally and fairly. The Directors decision is final.

Please confirm that the application has been completed accurately .

<b><i>Applicant Name (Please Print)</i></b>	
<b><i>Applicant Signature</i></b>	
<b><i>Position Held (If applying for an organisation)</i></b>	

Completed Applications should be sent to

[brian@billmclarenfoundation.co.uk](mailto:brian@billmclarenfoundation.co.uk)

Brian Renwick  
The Bill McLaren Foundation  
Grant Applications  
Room 301  
Heart of Hawick  
Kirkstyle  
Hawick  
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