

REGISTRATION FORM

This form may be printed out for completion: it cannot be completed or submitted on line

We encourage you to read the section on [Your application](#) and relevant [policy](#) sheet(s) before sending in an application. If we receive this form with your application, we will know that you have done so.

Name of Applicant

Address

Post Code

Phone

Fax

E-mail

Contact Name

Are you applying on behalf of an organisation or as an individual?

If you are a registered charity, please state your charity number:

If you have a Web Site, please give the URL (address):

Please give a maximum 50 word summary of your proposal:

Total amount requested:

Duration of grant (in years):

| Please ensure that you enclose all the necessary documents: | TICK |
|--|--------------------------|
| Written application appropriately signed (maximum 4 A4 pages) | <input type="checkbox"/> |
| Budget for the work, and the whole organisation | <input type="checkbox"/> |
| Your last accounts and annual report (where appropriate) | <input type="checkbox"/> |
| Your Equal Opportunities policy and procedures | <input type="checkbox"/> |
| Other: (please list other documents enclosed) | |

When this form is completed please send it, with your application and the other papers requested, to:

The Joseph Rowntree Charitable Trust

The Garden House, Water End, York, YO30 6WQ, UK

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