

APPLICATION FORM

THE NURSES ASSOCIATION OF JAMAICA (UK) Application for Grant

Please complete and attach this form to the front of your application

Please read carefully the Associations grant policy before completing the application form and provide as much relevant information as possible about the project for which you are seeking funding. If there is insufficient space in any of the areas below please continue on a separate sheet and/or include any supporting documents.

Please type or complete the form in black ink using block capitals. If you have any queries on the completion of the form, please contact the Executive Secretary.

SECTION A

PROJECT DETAILS

Name of the Individual:			
Address:		Work Tel No	
		Tel No	
		Fax No	
		E-mail address	
Project /Study Title:			
Total cost of Project/study	£	Amount requested from The Association	£
Duration of Project/Study		Date of commencement of project/Study	
Please list below other sources of funding:			
Name of Individual		£ applied for	£ agreed
If grant is awarded to whom should the cheque be made payable?			

1 SECTION B – DETAILS OF GRANT APPLICATION

1. Please state the Aim, Purpose, start and end date of your study / project

Give full details of the aspect of the work for which you are seeking a grant and state what a grant from the Association would enable you to achieve.

SECTION C – FINANCIAL DETAILS

2. Total cost of project/study

Breakdown of total cost including a shopping list (if applicable)

Amount raised so far:

Name: (block capitals)

Signed:

Date:

Please return the completed form and any supporting document to: the : Mrs Lyrell McNish at 125 Perry Hill Catford, London SE6 4LP

For office use only

Applicant No		PO		Fund
Proposal No		Cat		Decision
Grant No		Board date		Grant

Previous Activity