

2025/26 GRANTS SCHEME APPLICATION FORM

Name of Organisation:	
Year of formation:	
Objectives:	
Details of current membership:	
Organisation Address:	
Name of person responsible:	
Tel:	
Email:	
Describe the project or event for which grant aid is being sought:	

Total anticipated cost of project:	£
Grant amount requested:	£
Details of how else this initiative will be funded:	
If you have applied to any other orga	anisation / fund for financial help this year, please give details.
In the event of a successful applicati details.	ion, we will make payment electronically. Please provide bank
Sort Code:	Account No:
Name of applicant:	
Signature of applicant:	
Date of application:	
	py of your last agreed accounts or financial statement to

West Horsley Parish Council, 99 The Street, West Horsley, Leatherhead, Surrey, KT24 6DD E: clerk@westhorsley.info; W: www.westhorsley.info; T: 01483 901905

Thank you for your application!