THE THOMAS MACONOCHIE TRUST

GRANT APPLICATION FORM

Name of Applicant(s) or Group	
Primary/Secondary	
Address	

Nature of the activity in which the applicant is involved

Purpose to which the grant would be put

Please outline how this grant, if awarded, would improve the educational experience of the applicant/group

Please outline any benefits that would accrue to Kelso Cluster from this experience

To be completed by Cluster Business Manager

Grant			
Awarded		**Not Awarded**	

Reason

Amount Awarded

Signed	
Date	

Grant Paid To

Amount

Cheque Number

Received by:

Signed	
Date	

Counter-signed by the Cluster Business Manager:

Signed	
Date	