

**Application Form for Award from the Mains of Loirston Charitable Trust**

Name of Applicant:

Postal Address of Applicant:

Your role in your organisation:

E-mail Address of Applicant:

Telephone Number of Applicant:

Description of Applicant  
(e.g. the organisation's purpose)

Description of funding required and the timing for payment: *(please attach a spreadsheet breaking down the elements of your funding requirement both as to what the payment relates to and when you would wish it paid)*

Total:

If the Application is successful, what will the money be spent on?

Benefit of the project:

I declare that the information provided is true and understand that the Trust has the right to check the validity of information given and to seek further information as the Trustees consider necessary.

Signature of Applicant:

Countersignatory (where appropriate):

Name:

Postal Address:

E-mail Address:

Your role in your organisation:

*Please return the completed Application Form to Messrs Burnett & Reid, Solicitors, 15 Golden Square, Aberdeen AB10 1WF, by 15 May or 15 November.*