



# Diggle's First Fruits

## Application Form

Name:		Date of Birth:	
Address:			
Phone Number:			
Group Name, Address & phone (If a group application)			
Purpose of Application (in detail please)			
Financial breakdown	<b>Prioritised Area for support</b>	<b>Cost (£)</b>	<b>*Request (£)</b>
	<b>Total</b>		
Additional details and evidence:			
What have you done to raise funds? How much has been raised?			
Additional Information:			
Signed		Date:	
Return Form To:	Diggle's First Fruits, c/o 21, Ling Croft, Boston Spa, Wetherby, LS23 6PL		

### Notes

This form may be used for a group or an individual

For an individual, the form may be completed by a parent or carer if the applicant is under 13 years or is unable to complete the form themselves.

**\*It is essential that the "request" column is completed**

If you need more space in any section please continue overleaf or on a separate piece of paper.

Please write the applicant's name at the top of additional sheets and staple them to this form.

For Admin use:	Amount:	Chq No:	Date:	Pending	Complete
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