Scottish Charity Number: SC017328



Please read the Notes for Guidance carefully before completing this application form.

Please use the space provided and only enclose reports and brochures if absolutely necessary. You may send a short covering letter introducing the application and providing any other relevant information.

Please play particular attention to the directions re the MAXIMUM NUMBER OF WORDS to be used in various sections of this form. These are designed to simplify the administration of our grant-giving processes, and your application may be ineligible if you exceed any of the limits specified. If we require supplementary information before making a decision, we will request that from you.

Name of Charly	Date of application
Principal address	Charity Number(s)
·	, , ,
	Have previous applications been made?
	If yes, please indicate the year:
Contact name	Contact
Contact address	
Confider dadiess	
	Tel. no.
	Email
Please state the purpose of your charity – aims, objectives and activ	ities – <u>in not more than 50 words</u> .
On what date was the charity started?	

Scottish Charity Number: SC017328



bring to the Trustage! attention	ne background to y	our application, inclu	uding any specific points whi	ich you wish to
bring to the Trustees' attention	, <u>in not more than 1</u>	<u>uu woras</u> .		
Total grant applied for	£			
Total grant applied for	£			
Total grant applied for  Please give <b>brief</b> details of exp		nd timescales for the	project, <b>in not more than 50</b>	words.
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#### Application for Charitable Donation

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# FINANCIAL INFORMATION PLEASE COMPLETE THE FOLLOWING INFORMATION FROM THE MOST RECENT AUDITED ACCOUNTS

Accounts year ended		
(A) FROM STATEMENT OF FINANCIAL AC	CTIVITIES	For office use only
Total Incoming resources (gross income)	£	
Cost of generating funds (Investment management, fundraising, etc.)	£	
Direct charitable expenditure	£	
Governance costs	£	
Defined benefit pension scheme – surplus/(deficit) for year	£	
(B) FROM BALANCE SHEET		
Net assets / reserves Restricted	£	
Unrestricted	£	
Pension reserve	£	
TOTAL	£	
When are the next accounts due to be published? (MM/YY)		
(C) FOR OFFICE USE ONLY	T	I
Trustees' decision		
Amount of grant awarded		
Date of payment		

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DECLARATION				
l,	(print name)	am an authorised Trustee / Official of		
		(name of charity).		
<ul> <li>I confirm that the information provided is correct.</li> <li>I confirm that if The Queensberry House Trust age the purposes described in the application and i.</li> <li>I accept that a grant from The Queensberry House Secretary should he request access to the applit grant made was expended for the purpose specific.</li> </ul>	rees to make a f not so used, w use Trust involve cant's financia	vill be refunded to the Trust. es co-operation with the Trust I records for satisfaction that the		
Signature of applicant				
Capacity in which signed				
Capacity in which signed				
Please post or email the completed form and one copy of your Charity's latest Report and full signed audited Accounts to:				
The Secretary	Tel No:	0131 656 5670		
The Queensberry House Trust Caledonian Exchange 19A Canning Street	Email:	callumkennedy@lindsays.co.uk		
Edinburgh EH3 8HE				