HMSST

Grant Application

Please complete and return to: Herefordshire MS Support Trust*
Springbank, Aston Crews, Ross on Wye HR9 7LW
If you require assistance completing this form
please contact Rob Powell at the above address or phone 08452 576778

Herefordshire Multiple Sclerosis Support Trust

Applicant name and address	Beneficiary name and address (if different)
_____	_____
_____	_____
_____	_____
_____	_____
e-mail: _____	e-mail: _____
Tel No: _____	Tel No: _____
Applicant's relationship to Beneficiary (if applicable)	Spouse / Partner / Family member / Carer / Friend / Other _____ (strike through those that do not apply)

PLEASE NOTE: *If funds are granted, retain your receipts. The Trust gathers evidence to prove that grants have been used for the purpose described and approved, this may include a home visit where appropriate. Without this evidence the monies become repayable to HMSST.*

Please describe the intended purpose for which the Grant will be used if your application is successful. A full description will be helpful to the decision making process - *continue overleaf if necessary*:

What is the expected total cost of this project?

Please list any other organisations you have approached in connection with this project/application:

Please indicate the level of support received/promised from these other organisations, and the reason additional financial support is required. *Please attach copy evidence if available*:

PLEASE RETURN THE COMPLETED FORM WITHIN 21 DAYS

If you are working to a deadline please state when that is:	Applicant's Signature: Date:

For HMSST use

Date received _____

Date of Trustees' meeting for review _____

Signatures of reviewing Trustees (2 to sign) _____ Approved / Declined

Grant of £ _____ received by _____ Signature of Grantee

* Herefordshire MS Support Trust and HMSST are short names for Herefordshire Multiple Sclerosis Support Trust Registered Charity No: 1151934. The contact address is shown at the top of the form.
www.hmsst.org · e-mail contact: grants@hmsst.org