

# GOODWINS CHARITY HOGSTHORPE

## CLAIM FORM

Name of applicant
Date of birth
Address
How long have you lived in Hogsthorpe?
Where are you working or training?
Please give details of your course of study or of the element of training in your work
For what purpose is the money required?
To The Trustees: I would like my child to be considered for a grant. Signature of parent or guardian. <span style="float: right;">Date</span>

PDF2012

Please ensure that claim forms are submitted to the Charity by 30 November for consideration at the December meeting.

Please return forms to:

Goodwins Charity C/o Mrs Willoughby Spring Bottom  
Benniworth Market Rasen Lincs LN8 6JW