GOODWINS CHARITY - HOGSTHORPE

CLAIM FORM

| Name of child: |
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| 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 Trustee: I should like my child to be considered for a grant Signature of parent/guardian: |
| Date: |
| Would all claimants ensure that claim forms are submitted to the charity either by post/email to the clerk prior to the 30 th November for consideration at the Trustees meeting in December. Any claim received after the 30 th November will not be eligible for consideration until December the following year. |
| Address for postal claims: C/o Mrs M. Boughton – Clerk to the Trustees, 'The Willows', Mill Lane, Addlethorpe, Skegness, Lincs. PE24 4TB |