

## 50<sup>th</sup> Anniversary Grant-aid Scheme Application Form

(1) Your Group or Organisation			
Name of Group	2120 SQUADRON WITHEY RAF CADETS		
Registered Address*	THE JOINT CARET CENTRE EDINGTON SQUARE WITNEY OYON OX28 SYP		
,			
Post Code CX28	161.16	93	
Contact Name	CHERYL WOODWARD.		
Position in Organisation  (i.e. Chairman, Treasurer, Secretary)			
Registered Charity	(YES)NO Registration No. 12044		
2120 SQUADZON IS A YOUTH ORGANISATION OPEN TO ALL CHILDREN NGED BETWEEN 12 AND 19. THEY ARE FUNDED BY MONTHLY SUBS AND SQUADRON FUNDRAISING. WE ENCOURAGE SPIRIT OF ADVENTURE, LEADERSHIP QUALITIES, GOOD CITIZENSHIP, LEADNING LEADERSHIP QUALITIES, AND MAKING LASTING FRIEND-NEW CHARLES SKILLS AND MAKING LASTING FRIEND-SHIRS.			
(2) Grants			
Purpose for which the £50 grant is required: WE WOULD LIKE TO SET UP A SQUADRON BAND AND PARTICIPATE IN LOCAL EVENTS AND NATIONAL COMPETITIONS. THIS WILL PROVIDE AN AVENUE OF GROWTH TO THOSE WITH MUSICAL FLARE INCREASE CONFIDENCE AND SUPPORT GROWTH OF COMMUNICATION SKILLS. THE MONEY WOULD BE PUT TOWN ARDS THE PURCHASE OF INSTRUMENTS.			
If YES please give details	ously applied to the Town Council for grant-aid?	YESINO	

(6) General			
Recipients of a grant from the Town Council should acknowledge the fact on all relevant literature.			
Please provide or attach any additional information which may assist the Council in reaching its decision.			
I certify that the above information is true to the best of my knowledge and belief, and that I am authorised to make this application for Grant-aid.			
Signed:	Date: 25/01/2025.		

Please return your completed application form to the address overleaf, for the attention of the TOWN CLERK