



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		WINDRUSH CHURCH OF ENGLAND PRIMARY	
Registered Address*		ISABELLE SPENCER WAY, WITNEY	
Post Code	OX29 7DL	Tel No.	01993 651391
Contact Name		KATE WALSH	
Position in Organisation		SCHOOL BUSINESS MANAGER <small>(i.e. Chairman, Treasurer, Secretary)</small>	
Registered Charity	YES/NO	Registration No.	
<p>What are the activities and/or aims of the organisation: A TALK FOR THE PUPILS AND THEN MEMBERS OF THE LOCAL COMMUNITY ABOUT MARY ELLIS BY THE AUTHOR MELODY FOREMAN. ONE OF THE STREETS ON THE WINDRUSH ESTATE IS CALLED MARY ELLIS WAY. MARY WAS A LOCAL WOMAN WHO FLEW SPITFIRES IN WW2.</p>			
(2) Membership			
How many members do you have?		186 - PUPILS - LARGE ESTATE	
Approximately how many of your members live in Witney?		100%	
Is membership restricted in any way?		NO	
What is your annual subscription, if any?		NONE	
Are you affiliated to a national organisation? If so, which one?		PART OF THE RIVER LEARNING TRUST	
Local venue/meeting place		WINDRUSH SCHOOL	

(3) Grants	
Purpose for which the grant is required: TO PAY ALL OR PART OF THE COST OF A TALK BY MELODY	
Amount of grant applied for	£ 650-850 FOR A VISIT
Has your organisation previously applied to the Town Council for a grant?	<input checked="" type="radio"/> YES <input type="radio"/> NO
If YES please give details	RESOURCES
Have you applied for a grant to any other body or organisation?	<input checked="" type="radio"/> YES <input type="radio"/> NO
If YES please give details	
(4) Financial	
<i>Please enclose a copy of your latest audited accounts, a financial projection for the period following the balance sheet or a Business Plan if a new organisation.</i>	
(5) Fundraising	
What fundraising events or activities will your organisation be holding this year? WE WOULD SELL TICKETS FOR THE EVENT TO CONTRIBUTE TOWARDS THE COST	
(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>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.</i>	
Signed:	Date: 7.11.25.

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

For office use only:	
Acknowledged	Previously Applied
Grant Aid Awarded/Amount	Chq No.
Y / N	