



## WITNEY TOWN COUNCIL

### Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

<b>(1) Your Organisation</b>			
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.	
<i>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.</i>			
<b>(2) Membership</b>			
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?  YES/NO

If YES please give details RESOURCES

Have you applied for a grant to any other body or organisation?  YES/NO

If YES please give details

### (4) Financial

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.

### (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 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: 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	Y / N	Chq No.	