



WITNEY TOWN COUNCIL

Grant-aid to Local Organisations APPLICATION FORM

(PLEASE COMPLETE THE FORM IN BLOCK CAPITALS)

(1) Your Organisation			
Name of Organisation		WHITE FEATHER SPIRITUAL EVENTS	
Registered Address*			
Post Code		Tel No.	
Contact Name		Elaine Bellenger	
Position in Organisation		(i.e. Chairman, Treasurer, Secretary)	
Registered Charity		YES <input checked="" type="radio"/> NO <input type="radio"/>	Registration No.
<p>What are the activities and/or aims of the organisation:</p> <p>We hold fortnightly Evenings of Mediumship/Healing at the Corn Exchange.</p>			
(2) Membership			
How many members do you have?		Approx 30	
Approximately how many of your members live in Witney?		most people live in Witney	
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?		Christian Spiritualist Society & Healer Practitioner Association International	
Local venue/meeting place		Gallery Room, Corn Exchange, Witney	

(3) Grants	
Purpose for which the grant is required: <i>to be donated towards DEC Ukraine (from 2 dates of charity Evenings that we had.</i>	
Amount of grant applied for	<i>£ 58.50</i>
Has your organisation previously applied to the Town Council for a grant?	YES/NO <input checked="" type="radio"/>
If YES please give details	<i>N/A</i>
Have you applied for a grant to any other body or organisation?	YES/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?	
(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: <i>24/5/22</i>

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.	