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**APLICATION FORM: SCHOOL/SETTING/ORGANISTAION**

FULL NAME OF SCHOOL/SETTING/ORG

 ……………………………………………………………………….

ADDRESS ………………………………………………………………………………

 ..………………………………………………………………………………

 …………………………………………POSTCODE……………………

e.mail………………………………………………………………………………………

Tel:...........................................................................................................

JOB TITLE AND NAME of PERSON FILLING IN THIS FORM

………………………………………..……………………………………………………

Is this application on behalf of an individual student y/n

Is this application for a group of students y/n

How much funding are you requesting?............................................[max 800pounds]

DATE WHEN ANY GRANT RECEIVED WOULD BE USED – please indicate specific time frame - within 1 month/3months/6months etc

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* Number of pupils who will benefit from any grant awarded
* Year Group/Age of pupils
* If the application is successful how will the grant be used?

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* Please give a break down [ approximate] of the intended expenditure

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* What outcome measures will be used to show the effectiveness of your project in terms of the pupils involved and [ other staff and the wider school community if applicable]

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**ONLY FOR APPLICATIONS FOR THE ARSENAL DOUBLE CLUB**

Please indicate whether your group are

Beginner Level

Intermediate Level