

## **Grant Application**

Please complete and return to: Herefordshire MS Support Trust\*
6 Holywell Gutter Lane · Hampton Dene · Hereford · HR1 1XA

If you require assistance completing this form
please contact Terry Court at the above address or phone 08452 576778

## **Herefordshire Multiple Sclerosis Support Trust**

Applicant name and address	Beneficiary name and address (if different)
e-mail:	e-mail:
Tel No:	Tel No:
Applicant's relationship to Beneficiary (if applicable) Spo	use / Partner / Family member / Carer / Friend / Other (strike through those that do not apply)
used for the purpose described and approved, this n Without this evidence the monies become repayable	to HMSST. the Grant will be used if your application is successful.
What is the expected total cost of this project?	
Please list any other organisations you have app	proached in connection with this project/application:
Please indicate the level of support received/pro additional financial support is required. Please at	omised from these other organisations, and the reason tach copy evidence if available:
	PLEASE RETURN THE COMPLETED FORM WITHIN 21 DAYS
If you are working to a deadline please state when that is:	Applicant's Signature:  Date:
For HMSST use Date received	
Date received  Date of Trustees' meeting for review	
Date received	

<sup>\*</sup> Herefordshire MS Support Trust and HMSST are short names for Herefordshire Multiple Sclerosis Support Trust Registered Charity No: 1151934. The contact address is shown at the top of the form. www.hmsst.org e-mail contact: grants@hmsst.org