Text

Description automatically generated with low confidence

**Charity registration number: 1162618**

**ANGEL FUND APPLICATION FORM**

Dear Member

To enable the Angel Fund Team to consider each application fairly, on an equal basis and using the same criteria, please fill in the details below. The Angel Fund Team wish to assure members that all applications will be considered in the strictest confidence.

Please return the completed form to a member of the Angel Fund Team (Liz Clunie, Heather Ankers, Sara Grant) or by email: [angelfund@lacecitychorus.org](mailto:angelfund@lacecitychorus.org). Thank you.

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| --- | --- | --- | --- |
| Name of member: | |  | |
| Email address: |  | | |
| Tel/Mobile number: | | |  |
| How much money are you requesting? £ | | | |
| Purpose of the money – eg Convention, Hotel | | | |
| Please give a brief statement regarding circumstances and why this help is required. | | | |
| Is the money to be non-repayable grant or a loan; if a loan, when would you pay it back? | | | |
| Have you previously applied or received funds from the Angel Fund? | | | |

*If you leave the chorus within 12 months of receiving funds from the Angel Fund you may be required to repay the money back (at the discretion of the Angel Fund Team).*