

Youth Advisory Team

Small Grant Application

Please send the completed form to:
*Youth Advisory Team, Salesian Youth
Ministry Office, Savio House, Ingersley
Road, Bollington, Cheshire, SK10 5RW*

Name of Applicant:	
Age of Applicant:	
Name of Group/Organisation:	
Postal Address:	
Post Code:	
E-mail Address:	
Contact telephone:	

Amount applied for:	£
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Please briefly describe the aims and the beneficiaries/beneficiary of the project:

Additional details to support the application:

Please include

- **Details and break down of the costs involved**
- **How the young people will be involved**
- **The age range of the young people involved**
- **When you will provide YAT with a report and the form this will take.**

Continue on a separate sheet if necessary

Signed:

Date:
