Special Grant Application

(Cover Page)

To be completed by office staff only:

Date Received: _____ Received By: _____

Please complete both sections of this form and attach it to your special grant application.
Incomplete applications will not be accepted

Section A – The Society

Name of the Society: _____

Auditor: _____

Email: _____

Phone Number: _____

Senior Treasurer: _____

Email: _____

Phone Number: _____

Section B – Basic Event Details

Title of Event: _____

Type of Event: _____

(Inaugural, Trip Publication etc.)

Date: _____

Venue: _____

Attendance Number: _____

Amount Requested: €_____

Please attach this form to your application.

All applications should include any additional event details and a full breakdown of the event costs.