WCI Education Grant Application Form

Date of Application:

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | *For Office Use Only* |
| 1 | Organisation Full Name |  |  |
| 2 | Organisation Address |  |  |
| 3 | Legal identity and /or company status |  |  |
| 4 | Organisation Description *(summary of activities/ purpose)* |  |  |
|  | Name of main Directors and/or Chairperson |  |  |
| 5 | Name of Individual (s) *representing the organisation and making the request; and their title (s)* |  |  |
| 6 | Contact: Email  |  |  |
| 7 | Contact: Telephone number  |  |  |
| 8 | Connection to *WCI (if applicable) or how did you find out about us?* |  |  |
| 9 | Referred by: *If referred by a WCI member/ group. Insert Name if applicable* |  |  |
|  |  |  |  |
|  | Request for Funding Information |  |  |
| 10 | Project/Grant Title |  |  |
| 11 | Type of Initiative:  |  |  |
| 12 | Initiative Start and End date |  |  |
| 13 | Amount requested from WCI |  |  |
| 14 | Total cost of Project/Initiative/Grant |  |  |
| 15 | Description: Full details of the Project/Grant and its intention *eg is it new, one off, ongoing, any metrics etc.* |  |  |
| 16 | Description of exactly what the specific WCI funds are intended for/the target group |  |  |
| 17 | Co-sponsorship (if relevant) *Details of any other sponsors involved and their contribution* |  |  |
| 18 | Why is this Grant being requested and why now? *(Does it fit with the WCI’s Education strategy? Refer to your WCI contact for more information on the Strategy)* |  |  |
| 19 | Potential impact/benefit: *Please outline the expected impact of the initiative; if successful*  |  |  |
| 20 | Relevance to Insurance: *How will it contribute/add value to the Insurance profession* |  |  |
| 21 | Measuring the success: *How will impact/success of the initiative be measured*  |  |  |
| 22 | Any further information: *What else would you like to share which we haven’t asked you?* |  |  |

Please email team.assistant@wci.org.uk with any additional supporting documents.

Disclaimer and signature

I certify that my answers are true and complete to the best of my knowledge.

If this Application leads to funding or a grant, I understand that any false or misleading information in my Application may result in the cancellation of any agreement and the return of any funds granted.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Signature: |  |  |  | Date: |  |  |

Name in Full: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_