

**SOUTH OF SCOTLAND YOUTH AWARDS TRUST**

**APPLICATION SUMMARY**

**NOTE: The attached full 3-page SSYAT Application Form together with this Application Summary Page must be submitted by 31st December to: Lt.Col. C.G.O. Hogg, O.B.E., D.L., Viewfield, Bowden, Melrose, Scottish Borders, TD6 0ST**

Name of Applicant: \_\_\_\_\_

Male / Female

Date of birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Mo) (Yr)

Age at start of project: \_\_\_\_\_

School or other organisation currently being attended:

\_\_\_\_\_

Name of project organisation:

\_\_\_\_\_

Title of project:

\_\_\_\_\_

Project Start date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Mo) (Yr)

Project End date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Mo) (Yr)

Date Application Submitted: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Day) (Mo) (Yr)

**Project Budget**

Total to be raised £ \_\_\_\_\_

Funds already raised £ \_\_\_\_\_

Additional funds expected to be raised £ \_\_\_\_\_

Projected shortfall £ \_\_\_\_\_

**SSYAT requested funding: £ \_\_\_\_\_**

**SOUTH OF SCOTLAND YOUTH AWARDS TRUST**  
**AWARD APPLICATION FORM**

NAME IN FULL: .....

Home Address: .....

..... Post Code.....

Email:..... Tel Number.....

Main Contact Address (if different from Home Address): .....

..... Post Code .....

Date of Birth        /        /         
(Day) (Mo) (Yr)

Age at start of project..... Male / Female

Name & Address of School .....  
or other organisation

.....Post Code: .....

School/Organisation Contact Person: .....

Contact Person Email: ..... Tel number: .....

Details of Education/Training .....

.....

.....

Other Qualifications.....

.....

.....

Non Academic Interests .....

.....

.....

How did you first learn of the SSYAT Awards?.....

.....

Name of Monitor .....

Address of Monitor .....

.....Post Code.....

Monitor Email..... Monitor Tel Number: .....

**Project Details**

Your Name.....

Title of Project .....

Name of Project Organisation.....

Project Organisation Address .....

..... Post Code.....

Website .....

Name of Project Organisation Contact Person: .....

Contact Person Email.....

Contact Person Telephone .....

What is the nature of your project ?.....

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

What are the Project dates ?

Start.....End.....

What benefits do you hope to get from this project ? .....

.....  
.....  
.....  
.....

What do you intend to do after you have completed your project?.....

.....  
.....

**PROJECT BUDGET**

Your Name.....

List below the costs you are expected to meet and the total funding to be raised:-

What funds have you already raised? .....

What additional funds do you expect to raise? .....

Please provide details of your fundraising initiatives.

What is the shortfall? .....

When does your funding have to be in place ? .....

Day Month Year

Date.....

Signature.....

Please ensure you enclose with your application:

- (1) a letter of support from your Monitor (Refer to Monitor requirements in the SSYAT Guideline for Monitors); and,
- (2) additional information about you and/or your project which may assist SSYAT in assessing your application.

**NOTE:**

**Applications must be submitted by 31st December**  
for assessment by SSYAT Trustees in January.

**You must submit a final report to SSYAT following completion of your Award activity. If a final report is not submitted, SSYAT reserves the right to require repayment of your Award.**