

# The Rozelle Trust

## Enquiry Form

Name of Organisation Applying:	
Address:	
Postcode:	
Principal Contact:	Position:
Phone No:	Fax No:
Email Address:	
Website:	
Registered Charity No:	
Geographic operating area:	
What are the main aims of your Organisation:	
What will a grant from the Rozelle Trust pay for, and what evidence is there that this is required?	
Amount requested from the Trust:	
Signed	Date:

Send completed enquiry forms to: [info@rozelletrust.org](mailto:info@rozelletrust.org)

**What happens next?** You will receive a response; if the Trust cannot help you, you will be advised. If your enquiry is of interest, you will be asked to provide further information including your most recent accounts.