**Application Form**

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| **Name of Air Ambulance charity (“the charity”):** |  |
| **Date of Application:** |  |
| **Area:** |  |
| **Please provide a summary of why you are making an application for funds and what the funds will be utilised for (no more than 1000 words):** |
| **Please provide at least 3 areas of outcome and/or impact – you may provide more if you wish too:***
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| **How will you report the outcome and/or impacts (no more than 500 words):** |
| **I confirm that if the application is successful the charity consents to AAUK publishing information about the application including outcomes/impact****Print Name:****Sign:****Title:****Date:** |