**Application Form for childrens day grant**

**General Information**

|  |  |
| --- | --- |
| Name of school:  | Email: |
| Contact name:   | Total number of pupils in school: |
| Telephone number: |   |
| Number of grant tickets you wish to apply for: | Number of Adults: Number of Children: |

**GRANt Criteria**

|  |  |
| --- | --- |
| What will be the total cost of bus transport for the school to attend Children’s Day? |  |
| What proportion of your pupils are on Free School Meals?  |  |
| Has your school attended the Eisteddfod in the past and if so how frequently?  |  |
| Any further supporting information?  |  |

**Please return your completed application to** **elise.jackson@llangollen.net** **before the 3rd April 2020.**

**The Eisteddfod will review all of the applications and inform schools of our decision by the 1st May 2019.**

**The decision of the Eisteddfod is final and binding upon all parties.**