**Application Form for childrens day grant**

**General Information**

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| --- | --- |
| 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**](mailto: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.**