

THE BUCHANAN SOCIETY
(Founded as "THE BUCHANAN'S CHARITY, kept at Glasgow" in 1725)



FORM OF APPLICATION FOR A GRANT

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| 1 | Applicants must bear the name of BUCHANAN or the name of one of the following septs or branches of the Clan namely – MacWATTIE , MacAUSLAN (any of the spellings) and RISK . |
| 2 | Applicants must lodge their applications in the attached form. |
| 3 | A person who is applying for a grant but is living outside the United Kingdom will have to make their application through a recognised government agency or charity in their country of residence. |
| 4 | The Directors for the time being have the sole right of selecting the recipients, and shall be the sole judge of the mode of administering the aid. |
| 5 | The Directors may, at any time they think proper, increase, lessen, or entirely withdraw the aid given to the recipient. |
| 6 | Grants may be in the form of one-off payments or instalments. No Grant will continue for more than three years although, following a review, a new Grant may be awarded after this time. |
| 7 | The Directors may add to or alter the foregoing Rules and Regulations. |
| 8 | If you are completing the application form on behalf of the applicant then please complete Section 8 of the form. |

On completion of the application form please send it by post to the Treasurer at the address given below:

Mrs G. Marjoribanks
Treasurer
The Buchanan Society
52 Norman Macleod Crescent,
Bearsden,
GLASGOW
G61 3BF
Telephone No: 07376 424032

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| 1 | Full Name and Address: Telephone No: Email: | |
| 2 | Age last Birthday: <i>(Note: Extract of Birth Certificate must accompany this form.)</i> | |
| 3 | If applying as a widow in right of your deceased husband's name then you must supply your Marriage Certificate. | |
| 4 | What Family have you? (including spouse/partner) What are their names and respective ages and where do they live? Do they make any contribution to support you? | |
| 5 | What is the state of health of you and your Spouse/Partner and family? | |

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| 7 | <p>Please provide additional information in support of your grant application below.</p> <p>(For example: Students should give brief details of the university or college course and those applying for a hardship grant should indicate why the grant is required.)</p> |
| 8 | <p><i>Only to be completed if the form is being filled in on behalf of the applicant.</i></p> <p>I have permission from the applicant to complete this application form on their behalf and forward it to the Society. The applicant gives consent to the information given on the form being stored in line with The Buchanan Society Privacy Policy.*</p> <p>Name:</p> <p>Signature: Date:</p> <p>Name of Organisation (if applicable):</p> <p>Position held or Relationship to applicant:</p> <p>Address:</p> <p>..... Post Code:</p> <p>Telephone contact no. or email address:</p> |

I give consent to the information contained on the application form being stored in line with The Buchanan Society Privacy Policy.*

Signature of Applicant

Date

Director's Comments and Recommendations
(Applicants please leave blank)

Signature of Director

Date

* See copy of The Buchanan Society Privacy Policy attached or on website.