**CHARITY OF THE YEAR APPLICATION FORM**

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| **Charity Name** |  |
| **Charity Address** |  |
| **Applicant Name** |  |
| **Telephone Number** |  |
| **Email Address** |  |
| **Website** |  |
| **Charity Number** |  |
| **Date Established** |  |
| **Nature of the Charity** |  |
| **Do you service the whole of the Essex county?** |  |
| **Can you supply 3 years of financial statements on request?** |  |
| **What is your biggest achievement to date?** |  |
| **How does your charity currently engage with the Essex business community?** |  |
| **How would you utilise this opportunity?** |  |

**By submitting this application form you confirm to reading and agreeing to the Essex Chambers of Commerce Charity of the Year Terms & Conditions.**