



## S4B HIGH-5 COMMUNITY FUND 2025 APPLICATION FORM

LEAD NAME: \_\_\_\_\_

NAME OF GROUP (IF APPLICABLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DETAILS OF EVENT/ACTIVITY: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE OF EVENT/ACTIVITY: \_\_\_\_\_ AMOUNT REQUESTED: £ \_\_\_\_\_

I .....have read and understood the terms and conditions of the High-5  
Community Fund

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Office use only**

**Request: accepted/declined (delete as necessary) Amount Approved: £ \_\_\_\_\_**

**Date: \_\_\_\_\_ Signed: \_\_\_\_\_**

For more information, please contact S4B Social Investment Specialist [Sharon Thomas](#)  
Send a WhatsApp message to 07500 065 270, call into the S4B Housing Office, 15 Brunswick St,  
or telephone 0300 555 0128.