



S4B HIGH-5 COMMUNITY FUND 2026 APPLICATION FORM

LEAD NAME: _____

NAME OF GROUP (IF APPLICABLE): _____

ADDRESS: _____

EMAIL: _____

PHONE NUMBER: _____

DETAILS OF EVENT/ACTIVITY: _____

DATE OF EVENT/ACTIVITY: _____ AMOUNT REQUESTED: £ _____

Ihave 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: _____