



**ESTONIAN NATIONAL
CULTURE FOUNDATION
FINANCIAL SUPPORT
APPLICATION FORM**

Registration number and date
(to be filled out by the Foundation)

_____ " _____ " _____ 2017.a.

- Amount granted _____
 Declined

1. APPLICANT

a) First name and surname of the person for whom, or the name of the institution for which support is applied for		b) personal identification code ID / registration no. of institution	
c) Place of employment or educational institution		d) occupation or area of specialisation being studied	
e) Address, postal code		telephone	e-mail
f) Requisite bank information (bank, account number and holder of the account)			

2. GRANT APPLIED FOR

Purpose of the grant	Grant amount
Subsidiary foundation applied to for the grant	Time period when the grant is to be used

3. PREVIOUS GRANTS

Donor of grant	Grant amount

4. OTHER ADDITIONAL APPLICATIONS

Name of the institution, foundation or other such agency to which the application has been made	Deadline for decision or reply	Grant amount

5. REFERENCES

First name and surname, telephone number	First name and surname, telephone number

6. APPENDICES

- | | | |
|--|---|---|
| a) reason for application or project description | c) budget or calculation
d) school certificate | e) justifications of references
f) other necessary annexes |
| b) cv | | |

RECOMMENDATIONS FOR FILLING THE APPLICATION FORM

Submit all materials in printed form wherever possible A4 format, unbound and not stapled together

If you are applying for support for an institution, enter the name of the institution in blank 1.a Fill in blanks 1.c and 1.d with your own data.

Indicate your postal code in your address as well.

In Section 2, fill out the subsidiary foundation blank only if the objective of your application coincides with the objective of the respective subsidiary foundation.

In Section 3, indicate all grants that you have received previously for financing the project under consideration in this application.

In Section 4, indicate the institutions or foundations, which you have applied to additionally for financing the project under consideration in this application.

The inclusion of references is not mandatory. If the reference are included, the name and the telephone number of the reference if possible should be indicated in Section 5.

In the event of educational scholarships, include a certificate with the application verifying the fact that you are enrolled in the respective educational institution.

To facilitate maintaining contact with you, leave us the name and contact information (telephone, e-mail) of your contact person:

FOR YOUR INFORMATION

The deadline for application is Monday, 16 October 2017

Applications sent by post must also be received by the Foundation Office by that time. Applications that are submitted late or without an application form will not be considered for approval.

ONLY ONE APPLICATION IS ACCEPTED PER APPLICANT

Accounting reports concerning scholarships and grants received previously from the Estonian National Culture Foundation must be submitted before applying for a subsequent grant.

Individuals who have received a scholarship or grant the preceding year may not submit an application for the subsequent year.

Information concerning the results of disbursement will be made public on our website: www.erkf.ee and recipients of grants will be sent written notification accordingly.

The Foundation will conclude agreements with the recipients of grants in which the grant recipient is obliged to use the grant he has been awarded in accordance with the objectives stated in the application. The Foundation retains the right to require the partial or complete repayment of grant if it becomes clear that the grant has not been used in accordance with the purposes stated application.

“ _____ ” 2017.a. _____

(signature of applicant)

Submit applications to the Estonian National Culture Foundation at the address:

A. Lauteri 7-13, 10145 Tallinn, Estonia

e-mail: post@erkf.ee

Telephone no. +372 6013428; Office hours: 10.00 – 16.00 on business days