**Impact Hub Fusion Fund for New Entrepreneurs’ Professional Development**

**Application Form**

|  |
| --- |
| Name: |
| Address: |
| Email: |
| Phone: |
| Business/organisation (if any): |
| Amount requested: £ |
| Purpose of award: |
| Date award required: |

I confirm that any award will be used as detailed above, and I will provide Impact Hub Inverness with a photograph relating to the use of the award.

Signed\*………………………………………………… Date………………………

(\*electronic/typed signatures are acceptable for email submissions.)

Please email your application to: inverness@impacthub.net or post to Impact Hub Inverness, 67a Castle Street, Inverness, IV2 3DU. If you are successful we will contact you to arrange payment.