



Section 1: Applicant details

1.1 Contact Details

Full name of applicant: with
parental responsibility

Name of child and age:

Disability of child:

Date of birth:

School/Nursery:

Address:

Postcode:

Contact number: Home:

Mobile:

Email address:





Section 2: Reason for Grant

2.1 What is reason for the funding?

(Please describe why the funding is necessary/essential)

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2.2 Will the grant allow activity with any other group?

Yes

No

If yes, Please name
the organisation

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2.3 The circumstances for your application?

(Please tell us about any barriers you feel that are stopping the applicant achieving their goal and show your commitment to the opportunity) (maximum 250 words)

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Section 3: Project management and budget

How much are you applying for?

Is this the total amount of the grant?

Yes No If No Please, provide details of any additional funding you have secured towards this proposed grant

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Section 4: Benefits of your opportunity/project

4.1 If successful what type of benefits will the grant have on the beneficiary and the other opportunities it may offer? (Give brief details)

Mobility

Health

Lifestyle





Section 4: Benefits of your opportunity/project (Continued)

Social

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Educational

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Other

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Section 5: Referees

Please could you provide the contact detail for two referees to support you grant application (only one can be a relative of the applicant)

Name of referee 1:

Job title and organisation:

Address:

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Contact number: Postcode:

Email address:

Name of referee 2:

Job title and organisation:

Address:

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Contact number: Postcode:

Email address:



Please tick box to give permission to contact referees if your grant is awarded:



Section 6: Declarations and Signatures

Applicant

- I certify that the information contained in this application is correct. I understand that if in any way the information is not correct the application may be disqualified or any grant awarded will have to be returned.
- The purpose for funding described in this application is a valid and genuine request.
- I agree to being contacted by The Believe and Achieve trust after the opportunity has begun to find out how the grant has changed our lives.
- I agree that I am happy to have my child photographed for publicity.

Signature of applicant: Date:

Print name:

Please tick this box if you are willing to be involved in any publicity should the application be approved.

Representative

(To be completed if someone has completed this form on behalf of the applicant. Please note your representative cannot be someone who will benefit directly from your grant, should you be successful).

- I certify that the information contained in this application is correct. I understand that if in any way the information is not correct the application may be disqualified or any grant awarded will have to be returned.
- The purpose for funding described in this application is a valid and genuine request.
- All areas of the grant application must be completed and sent to 1, Sugden Street Ashton Under Lyne O166PT.

Signature of representative: Date:

Print name:

Relationship to the applicant:

Contact number:

