

## Grant Application Form

Your application should be supported by an adult not related to you who will need to sign this form. Under certain circumstances, we may accept an application from a young person without adult support. If you do not have adult support or need other help, please contact us: [info@rosegaletrust.org](mailto:info@rosegaletrust.org)

**YOUR NAME**

**Date of birth**

 /  / 

**Age**

**Male**

**Female**

**Email**

**Phone**

**Address**

**Postcode**

**Who is supporting your application?** (eg, teacher, lecturer, youth worker or other adult)

**THEIR NAME**

**Email**

**Phone**

**Address**

**Postcode**

**How do you know the applicant?**

### DECLARATION

I support this application and declare that to the best of my knowledge the information given is true. I agree that the Rose Gale Trust may contact me to discuss this application and any grant that they award. I understand that the Trust will use the information given to process this application in accordance with data protection law and will not use this information for any other purpose nor disclose this data with any other organisation.

**Signature**

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**Date**

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## Applicant's current situation

Are you in education?  Yes  No

If yes, name of school/college

Do you have any paid work?  Yes  No

If yes, is it full time or part time?

### Other information

For example, why are you unable to raise funds elsewhere? Do you receive any grants, benefits or other financial help?

## Grant's purpose and requirements

How much do you need? £

When do you need it by?  /  /

Total cost of your plans £

\*Allow at least 6 weeks from the date of application

Do you have other funding?  Yes  No

If yes, how much have you already raised? £

Where from?

If we cannot give you the full amount, we may still offer part of it to help towards your plan or project.

**What do you need the money for?** Please explain what you want to do. How will this help you?

**List of items and costs** (ie, equipment, activity costs, membership fees, etc.)

**Items**

**Cost of each item**

<b>Items</b>	<b>Cost of each item</b>

## Application Award

We make our grants by cheque or voucher. If your application is successful, who should we make the cheque or voucher payable to?

### DECLARATION

All the information I have given is true. I agree that the Rose Gale Trust may use this information for processing my application and that they may contact me to discuss this application. I also agree that they may contact me after any grant is awarded to discuss the benefits I received from the award. I understand that the Rose Gale Trust will only use the information given to process this application in accordance with data protection law and will not use this information for any other purpose nor disclose this data with any other organisation.

**Signature**

**Date**

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How did you hear about the Rose Gale Trust?

**When complete, please send this form to: 29 Sarum close, Salisbury SP2 7LE or [info@rosegaletrust.org](mailto:info@rosegaletrust.org)**

<p><b>For office use only</b></p> <p>Date received:</p> <p>Date reviewed:</p>	<p>Grant awarded?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Cheque/Voucher #</p> <p>Note:</p>
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