



**APPLICATION FOR INDIVIDUAL GRANT**

(UP TO THE AGE OF 21 YEARS OR IN FULL/PART-TIME EDUCATION)

Name: .....

Address .....

.....Postcode .....

Day Tel No: .....Eve Tel No: .....Date of Birth.....

Details of Grant request: What the grant is for? When the money is needed?  
 (Applications will be considered at monthly trustee meetings and decisions will be made within 8 weeks of receipt – please apply well in advance)  
 How much are you requesting? Total cost of equipment/training/travelling costs.

What is the money for?  Total Cost? When is funding needed? How much money is needed?  Please attach any relevant information/Estimates Etc.
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Any other sources of funding applied for or received in the last 12 months:

Source	YES	NO	Amount	Confirmed

**DECLARATION**

I confirm the details provided on this application are accurate and I have read and understood the criteria and conditions of this scheme and agree to comply with them.

Signed .....Date.....  
 (Individual or Parent or Guardian if under 18)

<p><b>Please return the application form to:</b></p> <p>The Chair of the Trustees,                  The Benjamin Gautrey Foundation # 25                  6 Ely Mews,                  Churchtown,                  Southport,                  Merseyside.                  PR9 7LD                  Or by email to: <a href="mailto:secretary@thebenjamingautreyfoundation.org.uk">secretary@thebenjamingautreyfoundation.org.uk</a></p>
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