## GRANT APPLICATION FORM

**Applicant contact information **

|  |  |
| --- | --- |
| **Name** |  |
| **Postal Address** |  |
| **Postcode** |  |
| **Email**  |  |
| **Telephone No**  |  |

**On whose behalf is the application being made?**

|  |  |
| --- | --- |
| **Name** |  |
| **Postal Address** |  |
| **Postcode** |  |
| **Charity Registration Number (if applicable)**  |  |
| **Email** |  |
| **Telephone No** |  |
| **Date of Birth**  |  |

**Purpose of Grant**

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| Please provide a narrative outlining the reason for the application, to include the nature of the condition/situation, duration, impact on life and so on. Please help the Grants Committee by including as much information as possible. Please continue on a separate sheet if necessary.  |

**Financial information**

|  |  |
| --- | --- |
| **Total amount requested:** | £ |
| **Breakdown of costs: Please be specific as to the exact costs that will be utilised by the Grant. Any supporting documentation should be submitted.**  |  |
| **Other sources of financial support: If applicable, please give details of other sources of financial support currently in place or applied for.** |  |
| **Payable to: (If your application is successful).**  | Bank Account Name: Bank: Sort code: Account number:  |

**Referees**

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| **Please provide details of two independent referees, one professional involved with the cause if appropriate (such as a social worker or GP) who would be prepared to validate/endorse the application.**  |
| **Name** |  |
| **Postal address**  |  |
| **Postcode** |  |
| **Email** |  |
| **Telephone No** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Postal address**  |  |
| **Postcode** |  |
| **Email** |  |
| **Telephone No** |  |

|  |  |  |
| --- | --- | --- |
| **Please tick appropriate box as to whether you would consent to a Trustee or appointed representative of YYAA visiting and assessing the application, if required. This will not be compulsory but we wish to reserve the right to do so.** | **Yes:** |  |
| **No:**  |  |

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| --- | --- | --- |
| **Please tick appropriate box as to whether the applicant and/or beneficiary are willing to participate in future PR/fundraising efforts on behalf of YYAA.**  | **Yes:** |  |
| **No:**  |  |

**Declaration**

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| I hereby acknowledge that the decision of the Grants Committee is a final one and I agree to an undertaking that no appeal shall be made against that decision. I confirm that the information provided in this application is true to the best of my knowledge and that the funds requested will only be used for the purposes stated in this document. Signed:..................................................................................... Dated:.................................................................Print Full name:.......................................................................**A hard copy of this document, with an original declaration signature should be posted to Sonia Jones at the address below.**  |

**Please return this form to:**

**Sonia Jones, Yorkshire Young Achievers Foundation,**

**C/o McCormicks Solicitors,**

**First Floor, Scottsdale House, Springfield Avenue, Harrogate, HG1 2HR**

**Email:** **s.jones@mccormicks-solicitors.com**