

STANHOPE CASTLE SCHOOL CHARITABLE TRUST GRANT APPLICATION FORM

Name of applicant:	
Date of Birth:	
Age:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
	Postcode:
Tel. number(s):	Daytime: <input type="text"/> Mobile: <input type="text"/>
Are you <i>now</i>: (Please tick box and state where and for how long)	<p>In Local Authority Care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Which authority?: <input type="text"/> For how long: <input type="text"/></p> <p>Looked After?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Which authority?: <input type="text"/> For how long: <input type="text"/></p> <p>Under a Supervision Order to a Local Authority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Which authority?: <input type="text"/> For how long: <input type="text"/></p>
If you are no longer in care, please give details of: 1. When you were in care 2. Which authority?	<p>From: <input type="text"/> To: <input type="text"/></p> <p>Local Authority: <input type="text"/></p>
Is this Application part of a group application?	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, who else is applying for funding? NB Each applicant should complete their own form. Please send them in together.</p>
Purpose of Grant (what do you want to do?)	
Why is it important for <i>you</i> to do this?	

Title of course attending and where? (if applicable):

When will your activity/course start?

Have you been offered a place on your chosen activity/course? Yes No

Is this offer conditional and if yes, what do you have to do?

How will this grant help you now, and in the future?

Funding

How much will it cost in total?	£
How much do you want from us?	£
If more than one item, please list the cost of each item. <i>If you do not give a detailed budget, the application will not be processed</i>	
Where will you get the rest of the money from (if you are not asking us for the full amount)?	
Have you already asked anyone else to fund this activity? If yes, give their name and what did they say?	

Applicant's signature:	Date:
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Return completed forms to:

Brenda Dye, Grants Officer, County Durham Foundation,
 Jordan House, Forster Business Centre, Finchale Road, Durham, DH1 5HL
 Tel: 0191 383 0055 Fax: 0191 383 2969
 E-mail: brenda@countydurhamfoundation.co.uk

DO NOT START YOUR ACTIVITY OR SPEND ANY MONEY UNTIL YOUR AWARD HAS BEEN CONFIRMED IN WRITING.

Stanhope Castle School Charitable Trust

Please give this form to your referee and ask them to complete and return to us separately.

Please complete all contact details in full.

Name of Applicant:	
Name of Referee:	
Position:	
Address:	
	Postcode:
Telephone no:	
Email address:	
<p>How do you know this person?</p> <p>How long have you known this person?</p> <p>How long have they been/were they in care and with which local authority?</p> <p>Please give BRIEF details if possible of why the applicant was placed in care</p> <p>Please explain why we should consider this person for a grant and whether you think they will complete the activity they have applied for?</p> <p>Does the applicant have any contact with parents/family member? If yes, how often?</p> <p>Could a family member or guardian offer any other financial support?</p> <p>Can the Local Authority or Social Services provide any financial assistance? <i>Please give details.</i></p> <p>Have you tried any other sources of funding? <i>Please give details</i></p>	

Referee's Signature:	Date:
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