



Registered Charity 1191522

GRANT APPLICATION FORM

1. Your Details (person completing grant application)

Name:	Date:
Organisation / Group:	
Address:	Postcode:
Tel:	
Email	
Relationship with proposed Beneficiary:	

2. Beneficiary Details

Name:	DOB
Address:	Postcode:
Tel:	
Email	
Parent / Guardian / Carer (if relevant)	
Bank account number	Sort Code
Name On Account	Bank Name

3. Grant Criteria: Please tick which criteria this application relates to:

1. To support a child / young person with life limiting condition
2. To support a child / young person with a disability
3. To support a young person who has left care and pursuing independent living

Please provide a brief description of the above condition / situation and the impacts of this:

4. Purpose of Grant: Please state the aim of the Grant. What will this be used to fund?

Please specify what this grant will be used for:

1. Short Break / Holiday
2. Activity / Hobby / Vocation
3. Activity for Music / Sport / Recreation
4. Equipment or Expenses to support independent living, training or employment

Please elaborate here (50 to 100 Words):

5. Please state amount of Grant aid required. Will this be used to fully or part of the overall funding required.

Total Cost of Funding Required

Grant Required (Maximum £150)

Please email your application to: Tobygravener@theinspireyouthfoundation.uk

For Admin use only:

Date Received:

Funding granted:

Approved by:

Date of Grant Transfer: