|  |  |
| --- | --- |
|  | **THE HARRIS CHARITY**  **GRANT APPLICATION FORM (Individual)** |

This application form is for those seeking assistance for an individual. There is a separate form for a group or organisation.

|  |  |
| --- | --- |
| **Please read this information carefully. The Harris Charity can help young people under the age of 25 years who live in Lancashire (with priority for those living in the Preston District.). It is limited in the nature of the grants we can award. Here are a few examples - the lists are NOT exhaustive:** | |
| **We are unable to support:**   * **Day-to-day living expenses, *including:*** * **Rent** * **Gym membership** * **Telephone costs** * **University (or similar) course fees** * **Loans** | **We have been able to support:**   * **Specialist study equipment / books** * **Repayable grant for the purchase of a musical instrument** * **Travel (only in exceptional circumstances)** * **Special support for those with particular needs** * **Assistance with the purchase of essential furniture / white goods for those in exceptional circumstances** * **Expenses in relation to overseas ‘service’ projects** * **Vocational course training or personal development** |
| **If in doubt please contact the Secretary (**[**harrischarity@mooreandsmalley.co.u**](mailto:harrischarity@mooreandsmalley.co.uk)**k) for any clarification before submitting an application.** | |

|  |  |  |
| --- | --- | --- |
| Your Name: | Click or tap here to enter text. | |
|  |  | |
| Address: | Click or tap here to enter text. | |
| Post Code: Click or tap here to enter text. | |
|  | *If a student, give permanent home address and not term-time address.* | |
| Telephone Number(s): | Daytime: Click or tap here to enter text. | Evening: Click or tap here to enter text. |
|  |  | |
| Email Address: | Click or tap here to enter text. | |
|  |  | |
| Name of individual to be helped - *if different from above:* | Click or tap here to enter text. | |
|  |  | |
| Date of Birth of individual: | Click or tap here to enter text. | |
|  |  | |
| Address of individual - *if different from above*: | Click or tap here to enter text. | |
| Post Code: Click or tap here to enter text. | |
|  | *If a student, give permanent home address and not term-time address.* | |
| Telephone Number(s) - *if different from above:* | Daytime: Click or tap here to enter text. | Evening: Click or tap here to enter text. |
|  |  | |
| Where does the individual live? | Preston / Lancashire: Click or tap here to enter text. | |
|  |  | |
| Have you (or the individual) previously received a grant from the Trust? | Yes / No: Click or tap here to enter text. | |
|  |  | |
| How did you learn about the Trust? | Click or tap here to enter text. | |

|  |  |  |
| --- | --- | --- |
| What is the grant required for? Use this space also to give other relevant information about the individual (such as disability and / or exceptional financial circumstances). | | |
| Click or tap here to enter text. | | |
|  |  | |
| The Trust helps persons under 25 years to achieve an aim or purpose. What is this in the case of the individual we are asked to support? | Click or tap here to enter text. | |
|  |  | |
| What is the total cost of the proposal? | Click or tap here to enter text. | |
| Please supply a detailed summary of the total expenditure: | | |
| Item:  Click or tap here to enter text. | | Cost:  Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| How much have you already raised - from what source(s)? ‡ | |  | Amount |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
|  | |  |  |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
|  | |  |  |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
|  | |  |  |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
| How much do you hope to raise from other sources - from what sources? ‡ | |  | Amount |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
|  | |  |  |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
|  | |  |  |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
|  | |  |  |
| Click or tap here to enter text. | |  | £ Click or tap here to enter text. |
| ‡ For example: local or national government, other Trusts, grants, sponsorship, fund raising, etc? | | | |
| Does the project depend upon the full grant sought from the Trust? | Yes / No: Click or tap here to enter text. | | |
|  |  | | |
| How much are you seeking from the Trust? | Click or tap here to enter text. | | |
|  |  | | |
| What date is the money required for? | Click or tap here to enter text. | | |
|  |  | | |
| If successful, to whom should the cheque be paid? | Click or tap here to enter text. | | |
|  |  | | |
| Please provide contacts details for an adult (not a family member) who is known to you who we could approach for supporting information (if needed). | Name: Click or tap here to enter text.  How known: Click or tap here to enter text.  Email address: Click or tap here to enter text.  Telephone number: Click or tap here to enter text. | | |
|  | | | |
| **The attached financial information sheet MUST be completed.**  I/we have read the ‘Guidelines’ for Grants’ of The Harris Charity and confirm that the information given is correct to the best of my knowledge. I/we accept that the decision of the Trustees of the Charity is final.  I/we acknowledge than in completing and submitting this application form: I/we have given The Harris Charity our consent for you to process our information for the purposes of considering our application (see the full Privacy Policy on www.theharrischarity.co.uk).  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |

**Financial Information Sheet**

|  |
| --- |
| **GUIDANCE FOR ALL APPLICANTS**  **The Trustees will normally base their decision on the information given below; it is essential that this sheet is completed fully BUT if a section is not applicable then the box by the relevant ‘None’ is to be checked. It may be necessary for the Trustees to request clarification and/or further information.**  **For those applicants over the age of 18 years and not permanently living with those having parental responsibility: it is only necessary to complete the Applicant column (again, as fully as possible).** |

|  |  |  |  |
| --- | --- | --- | --- |
| Indicate on what period these figures are based:  Week  Month  Year | | | |
| **Income**  (including vacation earnings - if applicable)  *Please separate sources* |  | **Applicant**  **None** | **Parents(s) / Guardian(s) / Carer(s)**  **None** |
|  |  |  |  |
| Wages |  | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
| Investments |  | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
| Grants |  | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
| State Benefits |  | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
| **Liabilities at date of application**  (including outstanding student loans - if applicable) |  | **Applicant**  **None** | **Parents(s) / Guardian(s) / Carer(s)**  **None** |
|  |  |  |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap here to enter text. |
|  |  |  |  |
| Click or tap here to enter text. |  | Click or tap here to enter text. | Click or tap here to enter text. |

|  |
| --- |
| Please give any additional information in relation to your financial hardship, or other circumstances, that you consider to be relevant to this application: Click or tap here to enter text. |