

# SWALE YOUTH DEVELOPMENT FUND

Registered Charity 293333



## GRANT APPLICATION FORM

NAME OF APPLICANT \_\_\_\_\_

Please read this form carefully before filling it out and remember, it is expected that this form will be completed by an adult ONLY for applicants under the age of 14.

If completing the form by hand, please use BLACK ink only and BLOCK CAPITALS for this page and the next one.

Trustees of the Swale Youth Development Fund meet in January, April, July and October. All requests for funding must be received by the 1st of the relative month otherwise any application will be carried over to the following meeting.

Answer what you can, and if filling in by hand, and you need more room, please use extra paper, adding the number of the question. Remember, the detail you give will strengthen your case.

Whilst repeat applications are welcome, under the Fund's criteria normally only one per year can be considered.

Email to : [Swaleydf@gmail.com](mailto:Swaleydf@gmail.com)

Post to: The Secretary, Swale Youth Development Fund, 68 Beaconsfield Road, Sittingbourne, ME10 3BB.

### Privacy Notice:

The full privacy notice may be found on the Fund's website.

I agree to the Fund collecting the information set out on the application form in order to process the application in keeping with the Fund's constitution. My personal details may be shared with other trustees by post or email, in order a decision on funding can be made and will not be shared with external organisations.

Name: \_\_\_\_\_

Please tick if you agree

## ***About You***

Your Full Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

Date of birth \_\_\_\_\_ Age Now \_\_\_\_ Years \_\_\_\_ Months

Please tick below according to your present circumstances:

A) At School  B) At College  C) At University

D) On a Training Scheme  E) At Work  F) Unemployed

If you ticked A, B, C, or D, please give details of the establishment and some indication of what you are doing there.

## ***Parent/Guardian***

Contact details if different to above:

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email: \_\_\_\_\_ Tel: \_\_\_\_\_

If an award is granted to whom would you prefer the cheque to be made payable?

\_\_\_\_\_

# ***Your Application***

## **1. The Project/Activity**

A) What is your project or activity?

B) How long have you been pursuing your project or activity?

C) What level are you at now and/or what have you already achieved?

D) What are your aims and when do you hope to achieve them by?

E) How much time is involved - at present and anticipated in the future?

F) Is your request for funding part of a team effort? If so, please explain more fully.

G) How would help from SYDF aid you in your project or activity?

## 2. Help required

A) Have you applied for financial support from any other charities or organisations in the last 12 months?

Who have you applied to?

Were you successful?

Please detail any applications being processed with other charities currently.

B) Tell us what help you need. Please break down any costs involved. (Petrol and other travel, Equipment, Competition, Tuition, Residential, Subscriptions, etc.).

C) What contribution are you and your parents/guardians making towards these costs?

What efforts have you made to raise these funds yourself?

D) Please explain why the help you need cannot be provided from your own or family money, or from any other person, organisation or school that might be supporting you. (Details **will** remain confidential.)

### 3. Additional information

Please let us have some background information, including hobbies and interests, so that we may get a better picture of you.

**Your Personal Statement.** If the applicant is under 14 years old and a parent or guardian has filled out the application, please can the **applicant** give an idea of what this award would mean to them.

Parent/ guardian supporting statement, if appropriate.

Please provide supporting statements from coaches, teachers etc. that will give further information and proof around your application, on headed paper if possible.

Be sure it includes the following:

- Their relationship with you.
- Their qualifications and any membership to a professional body.
- Their contact details for verification including email and telephone number.

**NOTE - If this is a second or subsequent application, it is important to specify what progress has been made since the previous one.**

**Before you sign this form please check all boxes have been completed.**

Have you included the total cost of the help needed as well as a full breakdown?

Has your parent/guardian completed where necessary?

Have you included the supporting statement from your coach/teacher /etc?

Incomplete forms may lead to delays in processing your application. If you are happy with your answers please sign below and submit.

***Declaration: I confirm the information above is correct. I accept that the decision of the Fund Trustees is final.***

Signed \_\_\_\_\_ (by parent/guardian if applicant is under 14.)

Date \_\_\_\_\_

Our fundraising is greatly assisted by public awareness of the Fund, and it is therefore very helpful if we are able to publicise from time to time the various awards that we make, though not specifying the actual amount, and the subsequent successes of the applicants we have helped.

If you are not keen to be featured in this way, please indicate by ticking here.

However, ticking will not in any way affect your / your child's chances of receiving support from the Fund, as every application is judged on its own merits.

***How / where did you hear / learn about the Swale Youth Development Fund?***