

Grant Application Form

Section 1 – Name & contact details of Applicant seeking grant funding. If you are completing this application on behalf of someone else please see Section 7.

Applicant's Surname:	Applicant's First Name:
Applicant's Date of Birth:	
Postal Address:	
Post Code:	
Telephone Number:	Email:
Is this address the normal place of residence? Yes/No	

Section 2 – Details of Applicant's Condition or Disability

Details of medically diagnosed condition or disability:
Date when disability was diagnosed:
List of special needs, equipment or support that the applicant is dependant on:
Cost of meeting the special needs, equipment, support, etc:
Are you known to your local Social Services Department or do you consider yourself to be disabled? Yes/No

Section 3 – Planned Holiday Details and Funding Request (maximum £500)

Dates of holiday:
Destination:
Name of Travel Company:
Deposit or invoice payment details:
Total cost of holiday:
List of special needs that must be met for the applicant to participate in the holiday:
Cost of meeting these needs:
How much grant funding is being sought on this occasion?

Section 4 – Previous Applications

Have you applied to Trefoil for previous funding? Yes/No

If Yes, please supply dates and amount of funding granted:

Has an earlier grant application been refused? Yes/No

Section 5 – Reference details

Full Name:

Postal Address:

Postcode:

Profession:

Telephone Number:

Full Name:

Postal Address:

Postcode:

Profession:

Telephone Number:

Section 6 – Statement of Application for Grant Funding

This section confirms the true and accurate nature of the details supplied above. The Applicant must sign to this effect. If the applicant is unable to complete this application form and it has been completed on their behalf then this person should complete section 7 below.

Applicant's signature:

Section 7 – Details of Person completing Application of Behalf of the Applicant

Full Name:

Postal Address:

Postcode:

Daytime Telephone Number:

Relationship:

If the applicant is under the care of a parent, guardian or power of attorney and you are not this person, then state their name, address and contact telephone number and relationship details.

Applicant's signature:

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