



# THE GYDE CHARITY

REGISTERED CHARITY NO. 311529

## GRANT APPLICATION FORM

To be considered for a grant from the Charity applicants must be:

- a. In need, hardship or distress; or
- b. Have either speech, hearing or sight impairment
- c. Under the age of 25

***TO AVOID DELAY PLEASE COMPLETE ALL SECTIONS OF THIS FORM AS FULLY AS POSSIBLE AND RETURN TO:***

**MRS. S. BAKER – CLERK, THE GYDE CHARITY,  
14 GREEN CLOSE, ULEY, DURSLEY, GLOS, GL11 5TH**

**1. FULL NAME OF APPLICANT**

Forename.....

Surname.....

**2. ADDRESS.....**

.....

.....postcode.....

**3. DATE OF BIRTH.....**



**4. PARENTS OR GUARDIANS**

**Responsible Adult 1**

**Responsible Adult 2**

- a. Names.....
- b. Address.....
- .....
- .....
- c. Telephone.....
- d. Email.....

**5. GRANT:** Insert brief details here and fuller details in section 7

- a. Purpose:.....
- b. Total Cost:.....
- c. Amount asked for from this Charity.....
- d. Amount asked for from other sources.....
- e. If successful who should the cheque be made payable to:  
.....

**6. MEDICAL CONDITION:**.....

.....

.....



**7. FURTHER INFORMATION:**

Please include full details of purpose for which the grant is required

**SIGNATURE:**

Parent or Guardian: .....

Date: .....



**8. PROFESSIONAL ENDORSEMENT:**  
(Doctor, Social Services, Teacher or Similar)

**SIGNATURE:** .....

**POSITION:** .....

**ADDRESS:** .....

.....

.....

**DAYTIME TELEPHONE:** .....

**EMAIL**.....