



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 to The Gyde Charity,
14 Green Close, Uley, Dursley, Glos, GL11 5th
Email: info@theygydecharity.org**

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. Annual Income.....
- d. Telephone.....
- e. 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:

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DAYTIME TELEPHONE:

EMAIL.....