

The Gyde Charity Grant Application Form

Registered Charity No. 311529



Please complete all sections below. If necessary, write '0' or 'not applicable'. If there is insufficient space on the form, please provide additional pages.

To be considered for a grant from the Charity, the person who will benefit must be under the age of 25 and are either in need, hardship or distress or have speech, hearing or sight impairment.

Return the completed form by email to: info@theygydecharity.org 1 or by post to:

Mrs. S. Baker
Clerk to The Gyde Charity
14 Green Close
Uley
Dursley
GL11 5TH

Who would benefit from a grant?

Full name
Address
Postcode
Date of birth
Total monthly income (including job and/or benefit income) if aged over 18 £ _____
If total monthly income exceeds £1,500 please explain financial situation

Parents or Guardians details

	<i>Responsible Adult 1</i>	<i>Responsible Adult 2</i>
Full name		
Address (if different from beneficiary)		
Postcode		
Occupation		
Telephone number		
Email address		
Number of people living in household		
Total monthly household income (including job and/or benefit income)	£ _____	
If monthly household income exceeds £2,500 please explain financial situation		

Details of grant requested

Purpose		
Please explain the reasons for the application and the equipment or therapy needed (attach quotations received):		
Total cost	Amount from Gyde Charity	Amount from other sources
£ _____	£ _____	£ _____
If successful who should the cheque be made payable to?		

Professional endorsement: (Doctor, Social Worker, Teacher or Similar)

Please confirm the beneficiary's medical condition and explain the benefits of the proposed equipment or therapy:

Signature

Print name

Job title

Date

Telephone number

Email address