

# BARLBY UNITED CHARITIES

## APPLICATION FOR A GRANT

Name of Applicant \_\_\_\_\_

Date of Birth of Applicant \_\_\_\_\_

**For more than one person under the age of 18 – please fill in a separate form per person.**

Parent/Guardian name (if applicant under 18) \_\_\_\_\_

Number of dependents and ages (if relevant) \_\_\_\_\_

Full Address \_\_\_\_\_

Telephone/mobile \_\_\_\_\_

Are you in receipt of any benefits \_\_\_\_\_ YES NO \*

Have any other Agencies been approached \_\_\_\_\_ YES NO

If YES please give details \_\_\_\_\_

Or are you on a low income \_\_\_\_\_ YES NO \*

### THE ACTIVITY or PROJECT

**Total cost of item/activity    £**

**Amount of Grant applied for    £**

Date and location of activity or details of project \_\_\_\_\_

Please give any other information relevant to the application \_\_\_\_\_

**\* The Charities seek to assist those most in need of financial aid, therefore further information or evidence on household income/personal circumstances may be requested to support an application.**

Please return the completed application form to : The Clerk, Barlby United Charities,  
Dower House, Landing Lane, Barlby, Selby, North Yorkshire, YO8 5UU (BUC 2019.2)

**I apply to the Trustees of Barlby United Charities for the above Grant, which I understand will be dealt with in strictest confidence.**

**Dated.....**

**Signed.....**  
Applicant (Parent/Guardian if under 18)