**Grant Application Form**

**(on behalf of a child, young person, adult)**

**(for grants/sponsorship – no maximum limit)**

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| **Name of the person for whom you are applying:****Date of Birth:****Gender:****Ethnicity:** |
| **Name of adult applying on their behalf:****Relationship to them:****Place of work (if professional supporting):****Daytime phone number**: **Email:** |
| **Please provide the bank details for the grant to be paid if successful** (without this we cannot progress your application)**Name on account:****Sort Code:****Account Number:****Name of bank:****Reason for using this bank account:**  |

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| **Privacy Notice:****We ask for minimal personal data in order to process your grant application. Your data will be cared for in line with our privacy policy. Our full privacy notice is available on request.**  |

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| 2. Describe what you are requesting funding for: |

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| 3. In what way will this grant be helpful to the young person/adult? What difference will it make? What will the desired impact be? How will you measure success? |

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| 4. Featuring the applicant achieving their dream on our website/materials can help to aspire other people who are in need to DREAM BIG. It also helps us to raise more donations, which mean we can reach more people. Would the person you are applying for be happy for us to use:* A picture of them using their grant money, no story, no name (Y / N):
* A picture of them with a story, no name (Y / N):
* A picture, a story and their first name (Y / N):
* A video of them telling their story (Y /N):

Thank you. |
| SIGNED: | DATE: |
| PRINT NAME:ROLE:PLACE OF WORK (if applicable) : |  |

**Please send completed applications to**:

hello@dreambigtrust.org