**Grant Application Form**

**(for grants/sponsorship – £500 limit)**

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| **Privacy Notice:****We ask for minimal personal data 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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| **Details of the person/group/service who will benefit from the grant:** |
| **Name:** |  |
| **Date of Birth (If applicable):** |  |
| **Gender (If Applicable):** |  |
| **Ethnicity (If Applicable):** |  |

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| **Details of the person/group/service who is applying for the grant:** |
| **Name:** |  |
| **Relationship to them:** |  |
| **Place of work (if professional supporting):** |  |
| **Daytime phone number:**  |  |
| **Email:** |  |
| **Are you eligible for Free School Meals?** |  |

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| **If the beneficiary is a Charity, provide the following:** |
| **Charity Name:** |  |
| **Charity Commission Reference Number:** |  |
| **Charity Contact Number:** |  |
| **Charity Contact E-Mail Address:** |  |

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| **Grant Recipient Bank Details:** |
| **Please provide the bank details for the grant to be paid if successful** (without this we cannot progress your application) |
| **Business Name / Relationship to Beneficiary:** |  |
| **Name on account:** |  |
| **Sort Code:** |  |
| **Account Number:** |  |
| **Name of bank:** |  |
| **Reason for using this bank account:**  |  |

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| **Details of Grant Amount and Use:** |
| **Example:** |
| *How much would you like to apply for:* | £100.00 |
| *Details of what you are requesting funding for* | *Teenager's Sensory Soft & Snuggly Sofa Pack with Weighted Lap Pad* |
| *Example links / URLs / Website & prices:* | £99.00 - [Teenager's Sensory Soft & Snuggly Sofa Pack With Weighted Lap Pad | Sensory Direct](https://www.sensorydirect.com/teen-sensory-box-1) |

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| **How much would you like to apply for:** |  |
| **Details of what you are requesting funding for:** |  |
| **Example links / URLs / Website address & prices:** |  |

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| 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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| 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): |  |
| Where did you hear about the Dream Big Trust? |  |  |

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

**Please send completed applications to**:

hello@dreambigtrust.org