

# GRANT APPLICATION FORM FOR ARTISTS

## PLEASE NOTE

Grants are made for **one specific item or purpose**. They **are not** awarded for recurring expenses such as mortgage, rent, phone or fuel bills, nor for educational fees, nursing care or medical treatment, nor to pay off creditors.

- You must use this form without changing its layout.
- Write clearly in black ink and complete all parts of the form
- You **must** attach a supporting letter from an independent referee.
- Please include evidence of any benefits you receive.



For Artists, Nurses and Gentlewomen

## YOUR CONTACT DETAILS

Title .....	Full name .....
Home address .....	Post code .....
Email .....	Telephone .....

## QUALIFICATIONS (IF APPLICABLE)

<b>Artists:</b> University or college, with subject and date of graduation
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**WEBSITE** Please tell us if you have an internet site where we can see your recent work

<b>WWW.</b>
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**PAYMENT** Please tell us how to make your payment if your application is successful. Please note that we pay by cheque.

Cheque payable to:	Send cheque to: Applicant / Referee
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## INDEPENDENT REFEREE

Please give details of the person providing your supporting letter. Your referee could be a college tutor, a curator or gallerist. We do not accept referees who are members of the family or family friends. We expect the referee to confirm that you are an artist **and the item you need**. We are unable to assess applications without a referee's letter.

Name .....	Role /Job .....
Organisation .....	
Address .....	
Post code .....	E-mail .....
Telephone: .....	

Ref:

Office use only

**YOUR HISTORY**

Country of birth .....	Year of birth .....
Year of entry to the UK (if relevant) .....	
Current / former occupation.....	Retired? Yes/No

**WHY YOU ARE APPLYING FOR A GRANT**

What you need to buy .....	Amount requested £ .....
Other charities you have applied to in connection with this need, and the result, if known	
.....	
.....	

**NB Applying to other charities can improve your chance of success.**

**YOUR PROJECT**

Please give a brief description of your project here. NB the information in this box will be used when we shortlist applications, so please fill it in.

**IMPORTANT SUPPLEMENTARY INFORMATION:**  
*Please also send a project proposal with supporting visual evidence of your plans (photos, sketches). Two pages of A4, maximum.*

**YOUR REQUEST FOR SPECIFIC MATERIALS OR EQUIPMENT**

Please give a list of items you need and their costs. You can attach one extra page if the list is very detailed.

**EXAMPLES OF YOUR WORK DEMONSTRATING YOUR RECENT PRACTICE**

**NB We cannot assess applications without this evidence**

Please let us know how we can see at least 4 examples your recent work.

My work is on my website (if using Instagram, it must be clear which posts are your art work)

I enclose photos of my work

### YOUR HOUSEHOLD

No. of adults:	<input type="text"/>	No of children (18 yrs and under):	<input type="text"/>
I rent my home	<input type="checkbox"/>	I own my home	<input type="checkbox"/>
		I do not have a tenancy and I do not own a home	<input type="checkbox"/>

### YOUR HOUSEHOLD INCOME AND EXPENDITURE

Please give details of your income (the money you have coming in) and expenditure (your outgoings). You can give the financial details on a weekly or monthly basis but please tick to say which they are. Please remember to enclose evidence of benefits.

For office use: checked [ ]

**Income**                      Weekly                       Monthly

Include regular income from sources such as pensions and benefits. Include income from your spouse/partner or other adults who contribute to your household. Please also note any savings/debts.

Source of income	Amount	Savings	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>	<b>Total</b>	<input type="text"/>

  

Debt (if any)	Amount
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<b>Total</b>	<input type="text"/>

**Expenditure**                      Weekly                       Monthly

Include rent, mortgage, council tax, heat, electricity, phone, food and other outgoings you have.

Item of expenditure	Amount	Item of expenditure	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<b>Total</b>	<input type="text"/>

### SUPPORTING DOCUMENTS

Please remember to include a **supporting letter from an independent referee** who must confirm you need the item you are requesting.

**Please tick the documents you are including with your application.**

- |                          |                                    |                          |   |
|--------------------------|------------------------------------|--------------------------|---|
| <input type="checkbox"/> | Referee's letter (essential)       | <input type="checkbox"/> | Estimate of cost of item you need (essential) |
| <input type="checkbox"/> | Evidence of benefits (if relevant) | <input type="checkbox"/> | Project proposal including visual evidence    |

**TAX STATUS**

We are required to ask about the residency status of all applicants for tax purposes.  
Please tick the statement that applies to you.

<input type="checkbox"/>	I am resident in the UK for tax purposes and I am not tax resident outside the UK
<input type="checkbox"/>	I have tax residency outside the UK  Please state where you need to pay tax outside the UK: .....  My Tax Identification Number (TIN) outside the UK is: .....

**DATA PROTECTION**

The information you have given will be used to process your application to us. We may contact your referee during the application process. We may contact any grant-making charities you have told us about because this can help with the application process. We will never pass your details on to organisations not mentioned by you on this form. We store your details electronically for the purposes of grant administration and our audit obligations. We shred your application form and documents after the application outcome is decided and our audit requirements are met.

Please tick this box if you agree to let us use your data in this way

How did you hear about the Eaton Fund?.....

**DECLARATION**

<p><b>I confirm that I have not received a grant from the Eaton Fund before, and that all the details I have given on this form are correct.</b></p> <p>Signature of the applicant..... Date .....</p>	
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**ANY QUESTIONS?**

You can contact us by phone on 020 3289 3209 or e-mail [admin@eatonfund.org.uk](mailto:admin@eatonfund.org.uk)  
Look at our website, [www.eatonfund.org.uk](http://www.eatonfund.org.uk), to find information about us, including our deadlines for applications and the kinds of grants we offer.

**THANK YOU FOR FILLING IN THIS FORM**

Please send the completed form to **The Eaton Fund, PO Box 528, Fleet GU51 9HH.**