

GRANT APPLICATION FORM

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, legal costs nursing care or medical treatment, nor to pay off creditors.

- **You must use this form without changing its layout.**
- You **must** attach a supporting letter from an independent referee.
- Please include evidence of any benefits you receive.



For Artists, Nurses and Gentlewomen

Please **SAVE** and open in e.g. **Adobe Acrobat Reader DC** to fill in this form. Information is not saved if the form is not opened as a PDF document!!

Adobe Acrobat Reader DC is free to download.

YOUR CONTACT DETAILS

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

QUALIFICATIONS (IF APPLICABLE)

Nurses: Training hospital or university and date of registration

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 doctor, social worker, housing adviser, college tutor or an adviser from another relevant agency.

We do not accept referees who are members of the family or family friends. We expect the referee to confirm your situation **and the item you need**. We are unable to assess applications without a referee's letter.

Name	Role
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.

STATEMENT OF NEED

Please give any useful information to support your request, even if an explanatory letter has been sent.

YOUR HOUSEHOLD

No. of adults:		No of children (18 yrs and under):	
I rent my home		I own my home	I do not have a tenancy and I do not own a home

YOUR HOUSEHOLD INCOME AND EXPENDITURE

Please give details of your income (the money you have coming in) and expenditure (your outgoings). If you have a **Standard Financial Statement** or budget plan, please send it. If not, please give details of your finances below. Tell us if you are giving weekly or monthly figures.

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
		Total	

Debt (if any)	
Total	

Expenditure Weekly Monthly

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

Item of expenditure	Amount	Item of expenditure	Amount
		Total	

SUPPORTING DOCUMENTS

Please remember to include a **supporting letter from an independent referee** who must confirm you need the item you are requesting. Your referee might be a social worker, a charity worker, a college tutor or a doctor. Your application cannot be processed if there is no supporting letter.

Please tick the documents you are including with your application.

Referee's letter (essential)

Estimate of cost of item you need (essential)

Evidence of benefits (if relevant)

Other:

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

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.	
Signature of the applicant.....	Date

During Covid-19, if it is difficult to get a client's signature, please confirm that the client gives consent to disclose personal data by ticking this box:

ANY QUESTIONS?

You can contact us by phone on 020 3289 3209 or e-mail admin@eatonfund.org.uk
Look at our website, www.eatonfund.org.uk, to find information about us, including 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.**