| Clerk - Jo Taylor               | he St    |
|---------------------------------|----------|
| 4 Top Street                    | Register |
| Stretham                        |          |
| Ely, Cambs. CB6 3JL             |          |
| Tel no 0776165511               |          |
| E mail strethamcharityclerk@gma | il.com   |

## The Stretham Charity

Registered charity no 1076863

### In Confidence

### **Individual Application Form**

#### Section 1 – Personal Details

| Name    |  |
|---------|--|
| Address |  |
| Tel no  |  |
| E mail  |  |

# Contact details for this application – if the application is being made on the above individual's behalf

| Name         |  |
|--------------|--|
| Organisation |  |
| Position in  |  |
| organisation |  |
| Address      |  |
| Tel no       |  |
| E mail       |  |

### Section 2 - Request Details

Date grant needed by:

Please provide a brief summary of the financial assistance you are applying for:

What positive changes would there be to the life of the person/family who would receive the grant?

# **Under which of the charities funding criteria are you applying?** *Please tick all that apply.*

| Assistance with education costs                |
|--|
| Assistance with alleviating financial hardship |
| Assistance with improving health               |

### Section 3 – Financial Information

Break down of costs you are seeking help with:

| ltem | Cost |
|------|------|
|      |      |
|      |      |
|      |      |
|      |      |
|      |      |

Total requested from the charity:

How the balance (if any) will be funded:

Please continue on another piece of paper if you need more space in completing this application form.

Application ref no

Decision

Date

Amount awarded