

# Children & Youth Work Committee



## Grant Application – Individual

### 1. Personal details:

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Tel. No: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Synod: \_\_\_\_\_

### 2. Details of what the grant is required for:

How does this meet the criteria?

Date and venue: \_\_\_\_\_

Total cost: \_\_\_\_\_ Grant amount requested: \_\_\_\_\_

We would normally give up to 50% of the overall cost and up to:

- £200 for an individual activity in UK;
- £350 for an individual activity in European region ;
- £500 for an individual activity in the rest of the world.

Please give brief reasons why a grant is required:

**3. Have you applied to us before for funding? YES NO**

If yes, when was your last successful application? \_\_\_\_\_

What was this for? \_\_\_\_\_

How much was it for? \_\_\_\_\_

**4. Have you undertaken or planned any fundraising activities? YES NO**

If yes, please say what fundraising you have undertaken:

If no, why not?:

How much have you raised to date?\_

**5. Have you requested help from your local church or Synod? YES NO**

If so, and you have been successful how much have you received?

If no, why not?

6. Have you received funding from another source? YES NO

If so, what is that source and how much have you received? .

7. If you are successful, please let us know the bank details of where the BACS payment should be made:

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_

Sort code : \_\_\_\_\_

### Reference

Please give the name and address of someone who can act as a referee on your behalf (eg. a Children's or Youth Worker, Elder or Minister) and pass on the Support Reference form to returned, along with this form, to us at the address overleaf.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Email address: \_\_\_\_\_ Tel. no.: \_\_\_\_\_

**I confirm that I will send a report of my trip to the Children's & Youth Work Committee on my return.**

If you are 18 or over, please sign: \_\_\_\_\_ Date: \_\_\_\_\_

If you are under 18, we request that a parent or guardian signs on your behalf:

Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed forms to:

**Small Grants Fund, Children's and Youth Work Office, United Reformed Church, 86 Tavistock Place, London WC1H 9RT**

**Email: [children.youth@urc.org.uk](mailto:children.youth@urc.org.uk)**