

The Thomas Galon Charity, Swavesey

Registered Charity No. 202515

APPLICATION FOR FINANCIAL ASSISTANCE

The Thomas Galon Charity is restricted to assisting persons in need who are **resident in the Parish of Swavesey** and require assistance with educational or medical related items or activities. In order to consider a request for assistance the following information is required (where relevant to your particular requirement).

Trustees only meet twice a year in April and November, therefore requests should be made by either 15th March or 15th October.

Full name of applicant:

Address and postcode:

.....

Telephone:

Email:

Occupation (if applicable):

Single / married / living with a partner / widowed / divorced / separated (*delete as applicable*)

Number of adults living with you

Number of children living with you and their ages

Number of years resident in Swavesey

What is the item/activity for which you are applying for funding

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What is the full cost of the item /activity

Are you receiving any other assistance towards this cost, if so how much & from where.....
(*eg other grant funding, assistance from other relatives, friends, partner..*)

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How much are you able to find towards this cost

When is full payment required for the item/activity

Please give brief details of the circumstances or reasons for making this application:

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I agree that if I should be awarded grant assistance that this shall go towards the cost of the item/activity only and that should the item/activity, for whatever reason, not be purchased the grant shall be refunded in full to the Galon Charity.

Applicant's signature:

Date:

Please return the completed application form to the Clerk to the Trustees:

Mrs L Miller
21 Thistle Green
Swavesey
Cambridge
CB24 4RJ

Trustees meet to discuss all charity business in April and November each year

All applications will be treated in strict confidence