

The North Ayrshire Council Town Charitable Trusts

Ref No:

Application for Financial Assistance (Individual)

Before completing this form, please take time to read the Notes of Guidance.

1. Please confirm the town this application relates to:

2. Name of Applicant

Address (for correspondence)

Daytime Phone Number

E-mail Address

3. Amount of Grant Requested: £

Total cost of Project/Activity: £

4. Details of Application

a) Please describe in as much detail as possible what the grant aid requested will be used for.

(ii) Amount of your own contribution: £

(iii) Any special circumstances you wish to be taken into account:

(iv) Other financial assistance applied for:

Amount	Date	Funding Body	Purpose

5. Details of Bank Account

Name and Address of Bank

Account Number

Sort Code

6. Declaration

I certify that the information provided is accurate and complete and I have read and understood the Conditions of Grant.

Signed:

.....

Name (please print)

.....

If under 16 years of age,
signature of Parent or Guardian

.....

Date:

.....

Data Protection: North Ayrshire Council gathers and process information about you so that services, including grant applications, can be delivered effectively and efficiently. We will only ask for the minimum information necessary and process this in line with the provisions of the Data protection Act (1998). A copy of our privacy Policy Statement is available on request or can be viewed on our website at <https://www.north-ayrshire.gov.uk/privacy-policy.aspx>

Please tick the box, sign and date that you are happy with this.

Signed:	
Print Name:	
Date:	

We will keep your information for 5 years to map your grant awards. If you wish this information to be removed please contact us and we will remove within 30 days.

I have read and understood the Conditions of Grant:



North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

Where the application relates to Purpose A, or is otherwise intended to assist with financial hardship, the applicant should provide information on their financial circumstances.

Name: _____

Total Number in household: _____

Dependants: Children (how many?) _____ **Age of Dependants?** _____

INCOME (Weekly)	£	EXPENDITURE (Weekly)	£
Wages/Pensions (Self): (net after tax and deductions)		Rent / Mortgage:	
Wages/Pensions (Partner): (net after tax and deductions)		Heating:	
Social Security:		Telephone:	
Housing Benefit:		Housekeeping:	
Child Benefit:		Travel:	
Family Tax Credit:		H.P:	
Maintenance:		Electricity:	
Other (please provide details)		Other (please provide details)	
TOTAL:	£	TOTAL:	£

**Please attach original bank statements covering the last 3 months as proof of income.
These will be returned to you.**

Data Protection: I act for and understand, for and on behalf of the Organisation that the North Ayrshire Council, "the Council" acts for and on behalf of the Town Charitable Trust and that any information that I provide in support of this application will be held and processed by the Council, as Data Controller, in accordance with the data protection legislation (the legislation). I declare that I have accurately and fully answered the questions set out above. I understand that the information I have supplied is the minimum necessary to enable the Council to consider the Organisation's application and I agree to provide any other information that the Council may require. I hereby consent to the Council holding and processing the information that I have provided, on behalf of the Organisation in the Council's computer or manual filing systems in accordance with the legislation.

Please tick that you agree to the above.

Please tick the box, sign and date that you are happy with this.

Signed:	
Print Name:	
Date:	

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For further information please contact:

Grants Officer

Email: rosemaryfotheringham@north-ayrshire.gov.uk

Please return this form to: Grants Officer

Economy and Communities

Connected Communities

St John's Primary School Base

Morrison Avenue

STEVENSTON

KA20 4HH

Tel: 01294 475935



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