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| **1** | **APPLICANT’S PERSONAL DETAILS** | | | |
|  | Full Name: |  | Date of Birth: |  |
| Address: |  | Home Tel No: |  |
| Mobile Tel No: |  |
|  | Postcode: |  | Email: |  |
|  | **If the applicant is under 18, please also provide name and contact details of parent/carer:** | | | |
| Full Name: |  | Relationship to applicant: |  |
| Address: |  | Home Tel No: |  |
| Mobile Tel No: |  |
| Postcode: |  | Email: |  |

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| **2** | **PURPOSE OF FUNDING REQUEST** | |
|  | My application is for: | € Sports Funding € Post 16 Vocational Education (e.g. apprenticeship) |
| Name and address of club/organisation/college/school/training provider you are a member of/attend: | |
|  | |

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| **3** | **FUNDING REQUESTED** | |
|  | Total sum of funding requested:  *(You may wish to provide a breakdown of this in Section 4 below)* | £ |
| I have attached to this application evidence to support the amount I am requesting | € No € Yes *(please provide further details below)* |
| Will you be paying a proportion of the cost yourself? | € No € Yes If so, how much: £\_\_\_\_\_\_\_\_\_\_ |
| Have you or are you expecting to receive financial assistance from any other individual/organisations in respect of this request? | € No € Yes *(please provide further details below)* |

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| **4** | **SUPPORTING INFORMATION**  Please provide further details to support your application, including what the funding will cover, your personal circumstances and why you are asking for financial support (please continue on separate page if necessary). |
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| **5** | **FINANCIAL HARDSHIP** | | | |
|  | Is your household income below £16,190 per annum? | | € Yes € No | |
| Your status *(tick all that apply)*: | € I live with my parent(s)/carer(s)  € I am a young person in care (including foster care) | | € I receive benefits in my name only  € I am a young carer for a parent or relative |
|  | Evidence of hardship is required and the following photocopies are provided with this application form:  € Employed income – P6 or last 3 months salary slips  € Self-employed – Accounts showing annual income  € Child Benefit/Working Tax Credit/Child Tax Credit  € Income Support or Universal Credit/Employment Support Allowance (ESA)/Income Based Jobseekers Allowance/Pension Credit  € Any other income  Alternatively:  € I have provided an original letter (not photocopy) on headed paper from my club official (Club Committee member who is aware of my financial circumstances) confirming my position. | | | |

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| **6** | **METHOD OF PAYMENT** | |
|  | Your name as it appears on your bank account: |  |
|  | Name of bank: |  |
|  | Bank account details: | Sort Code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **7** | **DECLARATION** |
|  | * I/we confirm that the details provided within this application form and any supporting information is true and accurate. * I/we confirm I have read and understood the guidelines and criteria for allocation of funding. * I/we understand that I will be required to provide receipts or invoices for any purchase/s or service/s received. * I/we will supply any additional information or documentary evidence which may be required to verify the details in this application.   From time to time we may contact you to ask if you’d be happy to talk about your experiences on our website or social media, in fundraising appeals or maybe helping out with a short media interview. There may also be opportunities to be filmed or to give an opinion about a topical issue, campaign or event.  € I am happy to be contacted for the purpose of sharing my story/experience € I do not wish to be contacted  Note: If the applicant is under 18, the parent/carer detailed in Section 1 of this application must sign and date this form, otherwise the applicant should sign and date below.  Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Data Protection: The information you provide in this application form will be used solely by the Trustees of the Luke Wheaton Legacy Trust to assess your application and administer any funding you may be awarded. Where necessary, Trustees may be required to use information supplied or share the information provided with other organisations to prevent and detect fraud.* |

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| **8** | **FOR TRUSTEES USE ONLY** |
|  | Date full application received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Application approved: € Yes € No  Date outcome letter send to applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Trustee signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |