



Help A Jersey Child Grant Application form

If you have any problems with this form or have any questions please contact
Debbie Holley on 01534 888103

(BLOCK CAPITALS PLEASE)

NAME OF CHILD

DATE OF BIRTH OF CHILD

NAME OF PERSON SUBMITTING APPLICATION:

MR/MRS/MISS/OTHER

FULL NAME

ADDRESS

.....

.....

TEL: E-MAIL

1. ARE YOU THE FULL TIME CARER OF THE CHILD/GROUP? YES / NO

2. A. PLEASE STATE YOUR RELATIONSHIP WITH THE CHILD. (Teacher,
social worker, etc)

.....

B. PLEASE ENCLOSE A WRITTEN LETTER OF SUPPORT FROM A
RECOGNISED PROFESSIONAL AGENCY (Teacher, Social
Worker, etc) YES/NO

8. HOW MUCH OF THE FUNDS HAVE BEEN RAISED ALREADY?

£.....

**9. PLEASE GIVE A BREAK DOWN OF HOW THE FUNDS WILL BE SPENT
(e.g., cost for treatment, specialist equipment, etc)**

REQUEST	COST

**10. PLEASE PROVIDE DETAILS OF INCOME OF THE FAMILY FOR WHOM
THE FUNDS ARE REQUIRED.**

A. TOTAL WEEKLY INCOME FOR HOUSEHOLD £.....

B. WEEKLY RENT/MORTGAGE £.....

C. WEEKLY INCOME SUPPORT / BENEFIT £.....

D. ANY OTHER GRANT / MAINTENCE £.....

11. A. IS THE CHILD ELIGIBLE FOR ANY OTHER GRANT? YES/NO

**B. ARE YOU CURRENTLEY SEEKING FUNDING FROM ANY OTHER
ORGANISATION? (If yes please specify the name(s) of such organisation(s))**

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**12. IF THE FUNDS ARE FOR A GROUP OF CHILDREN PLEASE STATE
WHICH AGE RANGE THEY ARE**

.....

**13. IF THE GROUP APPLYING FOR A GRANT IS A CHARITY PLEASE
SUPPLY:**

- A. CHARITY NUMBER
- B. NFP NUMBER
- C. COPY OF LAST AUDITED ACCOUNTS YES/NO
- D. CONTACT PERSON AT CHARITY

14. PLEASE PROVIDE DETAILS OF INCOME OF THE FAMILY FOR WHOM THE FUNDS ARE REQUIRED.

- A. TOTAL WEEKLY INCOME FOR HOUSEHOLD £.....
- B. WEEKLY RENT/MORTGAGE £.....
- C. WEEKLY INCOME SUPPORT / BENEFIT £.....
- D. ANY OTHER GRANT / MAINTENCE £.....

15. WHERE DID YOU HEAR ABOUT HELP A JERSEY CHILD?

.....

DECLARATION – THE APPLICANT/ORGANISATION MUST COMPLETE THE FORM FULLY. INCOMPLETED FORMS WILL NOT BE CONSIDERED.

Information on this form may also be shared with other funders in order to confirm details of previous and current applications and/or grant awards.

If Help a Jersey Child is able to award a grant, it will be used exclusively for the purposes specified by the Trust. I understand that there is no appeal system should any application be unsuccessful.

The information collected on this application form is subject to the Data Protection (Jersey) Law 2005 and is used for the purpose of assessing suitability for support.

I hereby confirm that the best of my knowledge the information I have provided is correct and I give my consent to Help A Jersey Child to check any relevant details with Social Security and any other Agency as may be required.

NAME OF PERSON SUBMITTING APPLICATION

POSITION (Please state relationship with the child i.e. Full-time carer, teacher, social worker, etc.)

I am an authorized representative (name of the organisation)

DATE OF APPLICATION

SIGNATURE (person submitting this form)

Your request will be dealt with at the next Help A Jersey Child committee meeting. Due to the quantity of applications received please include as much information as possible.



Help a Jersey Child will actively seek to assist disadvantaged local children and young people.

**Please return to Debbie Holley c/o Help A Jersey Child,
Channel 103, 6 Tunnel Street, St Helier, JE2 4LU**

CHECKLIST – PLEASE ENSURE THAT YOU HAVE CHECKED THE FOLLOWING AND TICKED THE RELEVANT BOXES

1. Have you completed every section
2. Have you kept one copy of your application for yourself and send us the original
3. You must enclose your latest accounts or an income and expenditure sheet (if you are applying as a group or charity)
4. You must also enclose an SAE, so we can acknowledge receipt of your application
5. If your application is successful and you do not want publicity, please tick YES/NO
6. If you would be prepared to have a Channel 103 representative visit your project, please tick YES/NO

Please note that we may wish to contact you to discuss your application in more detail.

