

# CINDERELLA INDIVIDUAL APPLICATION 2015

## Our Ref: I/

**THIS IS AN APPLICATION FORM FOR FINANCIAL ASSISTANCE FOR AN INDIVIDUAL HOLIDAY (HOLIDAYS ABROAD OR IN TERM TIME WILL NOT BE CONSIDERED)**

PLEASE NOTE THAT GRANT BENEFICIARIES MUST BE RESIDENT WITHIN THE GEOGRAPHICAL BOUNDARIES OF East Lancashire, North East Cheshire, North West Derbyshire.

PLEASE NOTE THAT THE CHARITABLE PURPOSE OF THE CINDERELLA FUND IS TO PROVIDE CONVALESCENT OR RECUPERATIVE HOLIDAYS FOR SICK AND CONVALESCENT CHILDREN LIVING IN SOCIALLY DEPRIVED AREAS FROM AN UNDERPRIVILEGED BACKGROUND

This form must be completed by the individual applying for financial assistance or their sponsor. It is recommended that all individual applications, where possible, be supported by a sponsor such as a recommending social worker, GP or other professional person e.g. police officer, minister, of religion, person with professional qualifications like teachers, accountants, engineers and solicitors, who have known the applicant for at least two years, live in the UK and hold a British or Irish passport.

Applicants should note that grants are usually only made to children and only where absolutely necessary will the accompanying adult's costs be met.

Please note that an application must be made before the child is sent on holiday and with as much notice as possible. The Trustees will not make grants after the child has been on holiday other than in exceptional circumstances.

### 1. Details of Family:

Father's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Child/Children applied for: \_\_\_\_\_

Date/s of Birth: \_\_\_\_\_

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

\_\_\_\_\_

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**2. Statement of weekly Income and Expenditure:**

WEEKLY INCOME		WEEKLY EXPENDITURE	
Father's wage:_____		Rent/Mortgage: _____	
Mother's wage:_____		Council Tax: _____	
Contribution from working children:_____		Food:_____	
Family Allowances:_____		Hire Purchase:_____	
Sickness Benefit:_____		Clothing Clubs:_____	
Job Seekers Benefit:_____		Housing Benefit:_____	
Additional Benefits:_____		Please specify:_____	
Pensions (s):_____		_____	
Other Income:_____		_____	
<b>TOTAL</b>	£ _____	<b>TOTAL</b>	£ _____

**3. If this application is successful to whom should the cheque be made payable?  
 (THIS CANNOT BE AN INDIVIDUAL)**  
 Please provide the organisation's name, address and contact details below. They will be required to submit a formal invoice.

**4. Name of holiday provider or convalescent home**

**5. Length of stay & dates of Holiday**

**6. Cost per week per child**

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<p>7. Fares (if required)</p>
<p>8. Other expenses (please specify)</p>
<p>9. Financial amount to be contributed by applicant</p>
<p>10. Total grant required</p>
<p>11. Has an application for funding been made to the Local Authority or any other source? If so please state level of match funding.</p>
<p>12. State below why this holiday is necessary and why you are recommending the child/children for grant aid. Give any further details which will assist the grant panel, continuing on a separate sheet if necessary. Some description of family circumstances is necessary.</p> <p>The trustees reserve the right to make any independent enquiries they may think advisable.</p>

3

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### 13. Applicants Details

Name of Applicant: \_\_\_\_\_

Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

Signature of applicant: \_\_\_\_\_

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

### 14. Sponsor's Details

Name of Sponsor: \_\_\_\_\_

Address of Sponsor: \_\_\_\_\_

\_\_\_\_\_

Position in Agency/Organisation: \_\_\_\_\_

Telephone no: \_\_\_\_\_

Email address: \_\_\_\_\_

I certify that I, \_\_\_\_\_, have known the applicant, the adult who signed the child's application, for at least two years and can verify their identity and confirm that to the best of my knowledge, the details given in this application are correct.

Signature of sponsor: \_\_\_\_\_

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

4

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**Please ensure ALL questions have been FULLY answered.**

The completed application form should be returned with a STAMPED  
ADDRESSED ENVELOPE to

**Cinderella Fund  
The Charity Service Ltd  
St Thomas Centre  
Ardwick Green North  
Manchester  
M12 6FZ**

An electronic version of this application form can be downloaded from The Charity Service website at [www.charityservice.org.uk](http://www.charityservice.org.uk) or please email [Enquiries@charityservice.org.uk](mailto:Enquiries@charityservice.org.uk) stating Cinderella Individual Application Form Request.