

Grant Application Form for Individuals



1/21

Section 1: ABOUT THE APPLICANT

1. Full name and address, including the full postcode

Full Name:
Address:
Post Code:
Telephone number:
E-mail:

2. Contact for this application if not the person above (This person should sign the Declaration in Section 3)

Title:	Full Name:	Relationship to the person named in section 1
If the applicant does not have capacity to apply in their own right, please explain your role in managing their financial affairs, for example power of attorney/carers		
Address for correspondence (if different to above):		
Telephone Number:	E-mail:	

Section 2: ABOUT YOUR REQUEST

3. Which of the Miles for Smiles objectives category do you fit into?

Please tick any of the options that apply as listed below:

Life Limiting Illness ☐

Life Changing Illness ☐

Other Type of Disability ☐
(please specify below)

4. Tell us about your need and reasons why you have approached Miles for Smiles

(i) Please give a brief description of your requirements and current financial situation. Including an explanation why you require additional support to what you may already receive from the state such as disability allowance etc.

(ii) How can we help?

(iii) Please provide details of what you need if its financial funding you require, including estimates of costs involved

Section 3: SIGNING-OFF YOUR APPLICATION

For all applicants. The main contact (identified in section 1) should complete the declaration below and provide a proof of identity, either a copy of a driving licence or passport:

On behalf of myself or the contact identified in section 1, I declare that:

I am authorised to make this application. All the information I have provided is truthful and accurate.

I have read the Miles for Smiles Grant Making Policy and confirm I understand our obligations within it.

I am aware that an incomplete application Form will be rejected.

I declare that if a grant is awarded, that the money will be used solely for the purposes outlined in this application and that proof of this will be returned to Miles for Smiles for monitoring purposes. If details of the purposes change, I will notify Miles for Smiles immediately.

Signed:

Date:

Print Name:

Once you have completed your application form, please return to:-

milesforsmilesenquiries@gmail.com

Many thanks

The Miles for Smiles Team

Miles for Smiles follows the ICO guidance on data protection, please click the link for our privacy policy www.milesforsmilesuk.com/privacy or request a copy.