

# **Grant Application Form**

# **Individuals**

**How to Apply**

Please complete this form and email it, together with the supporting documents to [grants@tpff.org.uk](mailto:grants@tpff.org.uk). We will confirm that we have received your application.

**Eligibility**

Applications may be made by individuals or on behalf of individuals that have a vision impairment, are 25 years of age or younger, and are a British citizen resident in the UK or a permanent resident in the UK with Indefinite Leave to Remain.

**Notes**

* Please check the areas that we support on our website, we say clearly what we will and will not fund.
* Please type or write your answers in the space below each question and read each question carefully so you give us the appropriate information. This form can be completed by a parent, guardian, support person or the individual themselves. Please answer all sections.
* If you have any questions or require help with your application, please contact us by email [info@tpff.org.uk](mailto:info@tpff.org.uk) or phone 020 7458 4554.
* Keeping your data secure is very important to us. We will only use the data provided in this application for the purposes of accessing your application and if it is successful, monitoring purposes. Our Privacy Notice is available on our website and our Data Protection Policy is available on request.
* If your application is successful, we will ask you to sign a grant agreement. You are required to send a receipt for the items that you have purchased.

# **SECTION ONE – Personal Details**

**Question 1 - Details about the person benefiting from this grant**

Q1.1. Full Name (of child or young person directly benefiting from this grant)

Q1.2. Gender

Q1.3. Date of Birth

Q1.4. Nationality

Q1.5. Address

Q1.6. Telephone number home / mobile

Q1.7. Email address

**Question 2 – Details about the person completing this form**

Q2.1. Name of person completing this form (if different to above)

Q2.2. Relationship to person named in Section1

Q2.3. Address / Tel No / Email (if different to Section1)

Q2.4 Preferred method of contact (email / phone / post)

Q2.5 How did you hear about The Powell Family Foundation?

**Question 3 – Details about the young person’s vision impairment / sight loss.**

Q3.1. Please tell us about the sight condition of the person in Section 1.

Answer:

Q3.2 Please tell us about any other medical conditions the person in Section 1 may have.

Answer:

Q3.3. Is the person in Section 1 currently receiving or waiting for, any medical treatment?

Answer:

**Question 4 – Details about financial support received**

Q4.1 Are you or your child currently accessing any state benefits, for example child tax credits or disability benefits, if so which ones?

Answer:

Q4.2. Have you received any grants from your local authority or government departments? If so, what was the purpose of the grants?

Answer:

Q4.3. Is your local authority able to fund the item/service requested in this application?

Answer:

Q4.4. Have you applied for grants from any other charities? If so, please let us know the name of the charity and if you were successful.

Answer:

# **SECTION 2 – The grant being requested**

**Question 5 – What is the total amount you would like to apply for?**

Q5.1. Tell us the total amount of the grant you are applying for.

Answer: Total amount = £

Q5.2. What will the grant pay for? You **must** provide full details of costs and where the items or services will be purchased. Please list each item separately.

Answer - Items and cost:

Answer - Weblinks to the items:

**Question 6 - Why is the grant needed and how will it help?**

Q6.1. How will a grant lessen any barriers you/your child or young person face due to your/their vision impairment? How will it make an improvement to your/their life?

Answer:

Q6.2. If the grant request is for technical equipment, do you/your child or young person require training in how to use it?

Answer:

# **SECTION 3 – Information to support your application**

**Optional question**

Please include anything else you wish to tell us in support of your application here. For example, you might want to tell us what other organisations are supporting you, or what ideas, plans or interests you may have which are relevant to this application.

Please answer here:

**Supporting Information Required**

Please send the five items of information below with your application. This is so we can assess your application fully and ensure that all applications are genuine. If your application is successful, we will pay the grant direct into the account shown on the bank statement that you send us.

Please supply the following additional information:

1. Proof of UK residency, this could be a copy of the applicant or parent’s passport, biometric residence permit, driver’s license or residency paperwork.
2. Proof of address, this could be a utility bill, medical appointment letter, benefit form or tax notification dated within the last 12 months.
3. A copy of your **latest** bank statement showing your name, account number and sort code.
4. Copy of Certificate of Vision Impairment or letter from medical professional

confirming eye condition.

1. A letter of support from someone who is not a family member. This could be, for example, a medical professional, colleague, teacher, charity, local council sensory team. This reference should state how they know you, for how long and how the grant requested will help with your vision impairment. It should include the referee’s name, address and contact details.

Please sign and date the following **Declaration**:

I hereby declare that the information I have provided in this grant application is truthful and accurate.

Signed:

Name:

Date:

END