



Name & Address of person(s)/family/organisation applying for a grant

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Postcode:

Tel:

Email:

Date of Birth

Name & Address of person(s)/family/organisation supporting this application

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Postcode:

Tel:

Email:

1. Please give background information and details of the applicant's current needs

2. Please supply details of the grant aid requested, including costs and potential benefits. Where the grant is for equipment, adaptations or similar aid please provide at least one written quote.

3. Please supply details of the applicant's financial situation, including a general statement regarding income and outgoings, in order to assist the trustees in reaching a decision.

4. Have you applied to other fundraising sources, and if so what was the outcome?

Signature of person supporting the application

Date

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Please print name

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The completed application form, together with any supporting paperwork, should be sent to:

Gloucestershire Community Nurses Fund,
c/o Mrs J Smith, 10 Fishers Way, Stroud GL5 3PW