

APPLICATION FORM FOR INDIVIDUAL PERSON

Lower Hope
 Ullingswick
 Hereford
 Herefordshire HR1 3JF
 01432 820557
admin@csrcharity.com



<i>Official use only</i>
CSRC
Date rec'd
Acknowledged
Result
Notified on

In the first instance, please complete this form **after reading the Guidelines** shown on our website www.csrcharity.com and return by email admin@csrcharity.com or post to:-
The Clive and Sylvia Richards Charity, Lower Hope, Ullingswick, Hereford, Herefordshire HR1 3JF
 We will acknowledge receipt. Please **do not** enclose/attach any further documentation or brochures.

Name of Applicant <small>(person requiring funding)</small>	<hr/> <hr/>		
Address	<hr/> <hr/>		
Email address		Telephone No	<hr/>
Name of Contact <small>(if different to above)</small>		Relationship to Applicant	<hr/>
Address for Contact <small>(if different to above)</small>	<hr/> <hr/>		
Email address		Telephone No	<hr/>
Reason for funding request : Please include if this is for educational, medical, personal help etc and give brief outline of breakdown of costs e.g. tuition, transport			
Total amount of funds needed:	Currency:		Amount
		<hr/>	<hr/>
Does this amount include VAT?	<hr/>		
Funds received/committed to date:	Currency:		Amount
		<hr/>	<hr/>
Details of where funds are from: e.g. own fundraising, donations from other charities (include the individual amounts)			
Amount now requested:	Currency:		Amount
		<hr/>	<hr/>
Please note the CSRC prefer not to be the main funder/supporter for any application			

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Application to the Clive and Sylvia Richards Charity **continued** - Name _____

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Have you received any funding (in full or part) from any Local Authority or Government including Lottery monies in the last 5 years? _____

If yes, give details:

Do you have a deadline?

If yes, please give details

Do you have any outstanding loans or debts? Please give amounts: _____

Do you have formal letters or quotations to support your request?: _____

Are you registered disabled? If yes, please give details: _____

Give details of any other information which you think would be helpful to the Trustees including your education, background and age

Date of Application: _____

Print name: _____

If successful, to whom should any cheque be payable: _____

If completing on behalf of Applicant: _____

Relationship: _____

Print name: _____

This application will initially be considered within 1-2 months of receipt. If the Trustees wish to see additional information and documentation to further your request for funding, you will be contacted by email or post requesting details. Please do not contact the charity for updates after submitting this form.