

Childrens Hope Foundation

Registered Charity Number 1060409

15 Palmer Place, London N7 8DH
Tel: 020 7700 6855 * Fax: 020 7700 4432
Email: info@childrenshopefoundation.org.uk
www.childrenshopefoundation.org.uk

Application Form

Reference No

Sirs,

Subject to availability of funds. I/We would be obliged if you would consider the under mentioned organisation for assistance as outlined on page two. I/We understand that all applications are considered by the Trustees and if meeting our charitable criteria are accepted and fulfilled in order of receipt, and availability of funds. I/We also understand that, as a result, it may be some time before the application may be fulfilled.

Signed

Position

Date

Please do not use this form if the application is for an individual child or family.

Section 1

Name of School, Group, Club or Organisation

Address

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..... Postcode

Telephone Contact

Nature of activities provided

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Now go to Section 2

Notes:

Please read this form carefully and answer all the questions as fully as possible. Once completed, please return the form together with all of the information requested, on page three. It is important that you include your latest set of accounts (if applicable) and also send any documents or letters which support your application

Section 2

Please describe as fully as possible the equipment or facilities required and/or the purpose of the funding
Please include any quotes received or any other information relating to the request.

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What potential benefits are likely to be derived if the application is successful?

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If your request is for computer equipment, please also complete Section 3
If your request is for a holiday or day trip, please also complete Section 4

Section 3

Who will be responsible for the computer and for what will it be used?

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Now go to Section 5.

Section 4

Please list in order of preference your choice for a holiday/day trip.

- 1.
- 2.
- 3.

Who will be accompanying the children as a carers?

Will anyone else be going on the holiday/day trip? Yes / No (if yes, please specify under additional information)

What was the last holiday/daytrip the children were able to take ?

You are responsible for ensuring that all of the children are medically able to undertake the holiday/trip and all appropriate permissions are obtained.

Now go to Section 5

Section 5

What is the total cost of the grant, equipment, facilities, daytrip or holiday?

What is the contribution required from Children's Hope Foundation?

Are funds being sought from other sources ? (please include details) Yes / No

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How did you learn about Childrens Hope Foundation?

Section 6

In order to assist us, please confirm that we may use the following in our future literature and/or the charity's website;

- | | |
|-------------------------------------------|----------|
| Your organisation's name? | Yes / No |
| Your organisation's photographs? | Yes / No |
| Your organisation's reason for applying? | Yes / No |
| Your organisation's location (town only)? | Yes / No |

Now go to Section 7

Section 7

Additional Information: *(Please include any information you wish, to support your application)*

Before sending your application, please ensure that you have enclosed all the documents and further information as below ;

- * Letter of support from an officer of the organisation
- * Any quotes or estimates that have been received
- * Full details of any other sources of funding
- * Any brochures or leaflets on the equipment, facilities, daytrip or holiday being requested
- * A copy of the most recent accounts

Whilst Childrens Hope Foundation would value any support, financial or otherwise, such support will not unduly influence any decision made by them in respect of this application, and their decision is final.

You will receive confirmation of receipt of your application and that it has been placed on our waiting list. We will endeavour to fulfil your request as soon as possible subject to available funds.

I hereby confirm that, all the details provided are correct and submit my/our application for consideration on that basis.

Signed:

Date:

Name: