



Charity Registration Number 1038219
Website: whs4pminus.co.uk
Helpline number: 07917 334407

Apply for a Grant

To apply for a grant from the Wolf Hirschhorn Syndrome Trust, you will need to:

1. **Complete an application form**
2. **Attach a letter of support** from a third party such as a social worker, tutor, doctor or support worker.
3. **Give a realistic estimate of the price** of the item you intend to buy.

GRANT APPLICATION FORM

PLEASE NOTE Grants are made for one specific item or purpose. They are not awarded for recurring expenses such as mortgage, rent, phone or fuel bills, nor to pay off creditors. Write clearly in black ink and complete all parts of the form

You must attach a supporting letter from an independent referee.

YOUR CONTACT DETAILS

Title Full name

Home address

.....

Post code

EmailTelephone.....

PAYMENT

Please tell us how to make your payment if your application is successful. Please note that we pay by cheque.

Cheque payable to:

Send cheque to.....

INDEPENDENT REFEREE

Please give details of the person providing your supporting letter. Your referee could be a doctor, social worker, school teacher or an adviser from another relevant agency. We do not accept referees who are members of the family or family friends. We expect the referee to confirm your situation and the item you need. We are unable to assess applications without a referee's letter.

Name Role /Job

Organisation

Address

.....

Post code E-mail

Telephone:

WHY YOU ARE APPLYING FOR A GRANT

What you need to buy

Amount requested £.....

Other charities you have applied to in connection with this need, and the result, if known

.....

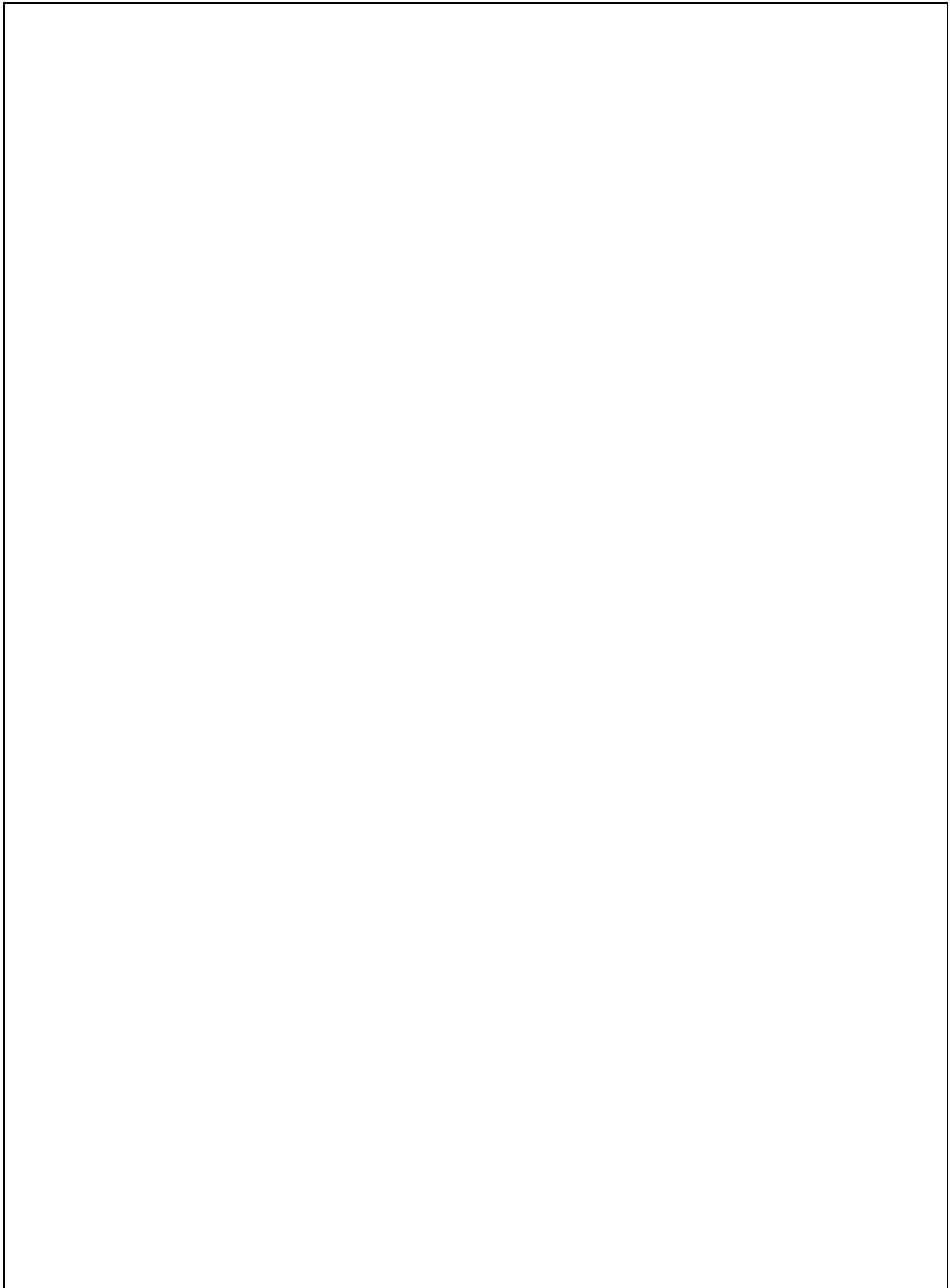
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NB Applying to other charities can improve your chance of success.

STATEMENT OF NEED

Please give any useful information to support your application.

A large, empty rectangular box with a thin black border, intended for the applicant to write their statement of need. The box occupies most of the page below the instructions.

SUPPORTING DOCUMENTS

Please remember to include a supporting letter from an independent referee who must confirm you need the item you are requesting. Your application cannot be processed if there is no supporting letter.

Please tick the documents you are including with your application.

- Referee's letter (essential)
- Estimate of cost of item you need (essential)

DATA PROTECTION

The information you have given will be used to process your application to us. We may contact your referee during the application process. We may contact any grant-making charities you have told us about because this can help with the application process. We will never pass your details on to organisations not mentioned by you on this form. We store your details electronically for the purposes of grant administration and our audit obligations. We shred your application form and documents after the application outcome is decided and our audit requirements are met.

- Please tick this box if you agree to let us use your data in this way

DECLARATION

I confirm that all the details I have given on this form are correct.

Signature of the applicant.....

Date

THANK YOU FOR FILLING IN THIS FORM

Please send the completed form to:

**Stephen D'Allenger-Bradshaw
Wolf Hirschhorn Syndrome Trust
62 Crescent Road, Burgess Hill, West Sussex RH15 8EG**