



# The Rob George Foundation

## APPLICATION FOR A GRANT

### 1. APPLICANT'S DETAILS

Name: \_\_\_\_\_

Address:  
(including postcode) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### 2. AMOUNT REQUESTED

Save in exceptional circumstances, this may not exceed £3,000.

£

### 3. REASON(S) FOR THE APPLICATION

Please select one category below to indicate whether you are applying (please tick one box only):

- under the Foundation's objective 1 – to provide practical and/or financial support to young people with life threatening or terminal illnesses (please provide details in section 4 below)
- or under the Foundation's objective 2 – to provide financial support to young people who demonstrate exceptional commitment and/or ability in the worlds of sport or the performing arts but may be held back by their financial situation from pursuing their goals (please provide details in section 4 below)

#### **4. ABOUT YOU**

Please tell us all about yourself, why you are applying for a grant and how you would propose to use it, if successful.

If you are applying under the Foundation's Objective 1, please supply full details of your medical history and present condition/treatment.

If you are applying under the Foundation's Objective 2, please tell us about your sporting/performance arts career and achievements to date and how much time you currently spend on the activity, and describe your goals and aspirations. Please support your application with copies of all relevant documentation, photos and video clips, press cuttings, website references, etc.

*(Please continue on a separate sheet of paper, if necessary.)*

## **5. ABOUT YOUR APPLICATION**

Please provide a detailed breakdown of how the grant would be spent and what other funding you have already secured. Please also include documentary evidence to support the planned spending, e.g. quotes, invoices, etc.

*(Please continue on a separate sheet of paper, if necessary.)*

## 6. DETAILS OF REFEREES

Please provide details of two referees who are prepared to support the application.

**PLEASE NOTE: Referees must not be related to you.**

If you are applying under the Foundation's Objective 1, at least one of your referees should be a member of your medical team who can confirm your medical history and present condition/treatment.

If you are applying under the Foundation's Objective 2, at least one of your referees should be a teacher, coach or other person with first-hand experience of your activity and your commitment/ability, and one should have known you for some years and be able to speak of your character and personality.

### Contact details for referee one:

Name: \_\_\_\_\_

Job title and/or relationship to you: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

### Contact details for referee two:

Name: \_\_\_\_\_

Job title and/or relationship to you: \_\_\_\_\_

Postal address: \_\_\_\_\_

\_\_\_\_\_

Email address: \_\_\_\_\_

Telephone: \_\_\_\_\_

## 7. ANNUAL HOUSEHOLD INCOME

Please select to indicate the approximate gross annual income of your household (i.e. before payment of tax and outgoings):

- Under £20,000
- £20,001 to £30,000
- £30,001 to £40,000
- £40,001 to £50,000
- £50,001 to £75,000
- £75,001 to £100,000
- Over £100,000

**8. WHERE DID YOU HEAR ABOUT THE ROB GEORGE FOUNDATION**

Please tell us how you found out about our work.

**9. PLEASE PROVIDE YOUR BANK DETAILS (for use should your application be successful)**

**Bank Name:** \_\_\_\_\_

**Sort Code:** \_\_\_\_\_

**Account Name:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**10. PLEASE SIGN AND DATE BELOW TO CONFIRM ALL INFORMATION PROVIDED IS CORRECT**

**Please note that if you are under 18 years of age this form must be counter signed by your parent or guardian.**

To the best of my knowledge all the information provided on this application is correct.

I give permission for The Rob George Foundation

- (1) to record the information given in this form electronically, and to contact me by telephone, post or e-mail in connection with this application; and
- (2) if my application is successful, to give details of the grant on its website, social media, annual report etc.

I agree to advise The Rob George Foundation immediately if, at any time before an award is made to me, there are any significant changes in the information given by me in this form.

**Signature:**

\_\_\_\_\_ **date:** \_\_\_\_\_

**Parent/Guardian signature:**

\_\_\_\_\_ **date:** \_\_\_\_\_

**Please return this application by post to 4 Henry Villa Close Colchester Essex CO4 5XP or by e-mail to enquiries@therobgeorgefoundation.co.uk:**