

## Child's Details

First Name

Middle Name(s)

Surname

Date of Birth

Nationality

Ethnicity

Postal Address

  
  

Post Code

Date of Application

Do you consider the child to have a disability?

If Yes, what is the nature of the disability?

## Parent/Guardian's Details

Full Name

Phone Number

Postal Address

  
  

Post Code

Email Address

## Referring Organisation

Organisation Name

Contact's Name

How do you know the child?

Phone Number

Postal Address

  
  

Post Code

Email Address

## What Difference Can We Make?

Tell us about the circumstances that have led to this application for a grant from Let June Make A Difference. What will the grant be used for and how will the grant improve the child's well-being?

## Specific Expenditure

If the application is in respect of a particular item, please provide details of where this can be purchased together with the details of its cost.

## Supporting Information

Does the child qualify for pupil premium?

If not, please provide details of your household (including spouse) income and expenditure on a monthly basis.

Income	Monthly Amount	Expenditure	Monthly Amount
Earnings	<input data-bbox="453 826 683 904" type="text"/>	Rent or Mortgage (deducting Housing Benefit)	<input data-bbox="1136 826 1366 904" type="text"/>
State Benefits (Universal Credit, Attendance Allowance, Carer's Allowance)	<input data-bbox="453 978 683 1057" type="text"/>	Council Tax	<input data-bbox="1136 978 1366 1057" type="text"/>
Other (Incapacity Benefit, Child Benefit, Tax Credit)	<input data-bbox="453 1131 683 1209" type="text"/>	Water Rates	<input data-bbox="1136 1131 1366 1209" type="text"/>
Any Other Income	<input data-bbox="453 1283 683 1361" type="text"/>	Gas and Electricity	<input data-bbox="1136 1283 1366 1361" type="text"/>
		Other Fuel Costs	<input data-bbox="1136 1435 1366 1514" type="text"/>
		Building/Contents Insurance	<input data-bbox="1136 1588 1366 1666" type="text"/>
		Personal Care	<input data-bbox="1136 1740 1366 1818" type="text"/>
		Any Other Significant Items of Expenditure	<input data-bbox="1136 1892 1366 1971" type="text"/>

## Declaration

By entering the word 'YES', the applicant confirms that the details provided in this form are correct and are not the subject of any other application for assistance.

## What happens now?

Thank you for completing this application form. To save your information, please click File->Save As... and enter the child's name as the file name. Then attach the file to an email sent to [info@letjunemakeadifference.org](mailto:info@letjunemakeadifference.org).

The Trustees will acknowledge receipt of the application and will aim to make a decision within two weeks.

## **Any Additional Information**

## **Data Protection**

If an application is successful, we will retain the information it has received for as long as it deems appropriate but for no longer than 7 years. All information associated with unsuccessful applications will be destroyed within six months from the date they were considered by the Trustees at their board meeting.

We will comply with the requirements of the Charity Commission to supply high level information about our applications and activity.