

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 type="text"/>	Rent or Mortgage (deducting Housing Benefit)	<input type="text"/>
State Benefits (Universal Credit, Attendance Allowance, Carer's Allowance)	<input type="text"/>	Council Tax	<input type="text"/>
Other (Incapacity Benefit, Child Benefit, Tax Credit)	<input type="text"/>	Water Rates	<input type="text"/>
Any Other Income	<input type="text"/>	Gas and Electricity	<input type="text"/>
		Other Fuel Costs	<input type="text"/>
		Building/Contents Insurance	<input type="text"/>
		Personal Care	<input type="text"/>
		Any Other Significant Items of Expenditure	<input 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.

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.