**Individual**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT DETAILS** | | | | | | |
| **Name:** | | | **D.O.B:** | **Age:** | | **Male:**  **Female:**  (Tick as appropriate) |
| **Address:** | | | | | | |
| **Post Code:** | | **Email:** | | | | |
| **Contact Tel:** | | **Mobile:** | | | | |
| **Name of your support adult (e.g. Youth Worker, Social Worker, Teacher, Parent):** | | | | | | |
| **Contact Tel:** | | **Mobile:** | | | | |
| **Ambition/Idea/Activity**  Tell us as much as you can about what you want to do, why you want to do it, what you think it will help you to achieve and anything else you feel is relevant (have a look at our website under ‘Funding Applications’ for more information). If you have a specific date you are working towards for receipt of funding, you will need to ensure that you allow plenty of time for your application to be considered to meet your target date. Please include relevant dates within your application.    *continue on separate sheet if necessary* | | | | | | |
| **APPLICATION FOR SUPPORT/FUNDING** | | | | | | |
| **Please indicate below if you are from any of these groups (tick all that apply)** | | | | | | |
| In care/leaving care | Not in education, employment or training | | | | Young Carers | |
| Living in rural area | Learning difficulties | | | | Physical Disabilities | |
| None of these | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Money** | | | | | |
| Total cost of project/trip/idea | | | | | **£** |
| How will the total cost of the project/trip/idea be funded? | | | | | |
| Please provide a breakdown of overall costs | | | | |  |
|  | | | | | **£** |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
| Have you received funding from any other sources?  *Please include details of all organisations approached and tick the appropriate box regarding outcome of applications.* | | | | | Yes No  (Tick as appropriate) |
| **Other Funders:** | | **Pending** | | **Secured** | **Amount:** |
|  | |  | |  |  |
|  | |  | |  |  |
|  | |  | |  |  |
| **Funding Request** | | | | | |
| How much money are you looking for from The Mason Trust? *please insert a figure* | | | | | **£** |
| How will you spend the money? Please provide a breakdown of costs  *(you will be asked to provide evidence of costs breakdown before a decision is made).* | | | | | |
|  | | | | |  |
|  | | | | |  |
|  | | | | |  |
| Total Cost | | | | | **£** |
| If you have a payment schedule please provide details/dates etc | | | | |  |
| Have you previously received funding from The Mason Trust? *If Yes please provide further details.* | | | | | Yes No  (Tick as appropriate) |
| If The Mason Trust decides to assist you, would be prepared to provide feedback for publication on our website and assist us on future projects? | | | | | Yes No  (Tick as appropriate) |
| How did you hear about The Mason Trust? | | | | | |
| I confirm that I have read and understood the **‘Guide for Applicants’** | | | | | Yes No  (Tick as appropriate) |
| **I have signed up to** | | | | | Yes No  (Tick as appropriate) |
| **Application Submitted by:** | **Signature:** | | **Date:** | | |
| **If you are aged under 13 we require your parent or legal guardian to countersign your application below. We are unable to process your application without this.** | | | | | |
| **Parent/Legal Guardian:** | **Signature:** | | **Date:** | | |