

Application Form for Financial Support

Your personal details

Your Name	
Date of Birth	
Address	
Postcode	

Telephone Number	
E-mail Address	

Marital Status	
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Financial Information

Total Monthly Income, (from all sources)	
Total Monthly Expenditure	

Why you need support

Why do you feel that you need financial support? What would you spend your grant on?	
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Receiving your grant

Would you prefer to receive, (please tick one option)

One payment of £100	
Two payments of £50	

Bank Details for payment directly into your account

Bank Account Number	
Bank Sort Code	

Name.....

Signed:

Date:.....

PLEASE RETURN ALL COMPLETED FORMS TO

The Community Foundation for Staffordshire, Communications House, University Court,
Staffordshire Technology Park, Stafford, ST18 0ES