



# ***Borders Children's Charity***

**Scottish Charity Number SCO 26072**

## **Application Form for Funding**

For official use only.	
Ref no.	
Date	
Grapevined	
Amount	
Cheque no.	

### 1. DETAILS OF CHILDREN IN APPLICATION (use separate sheet if necessary)

CHILD'S NAME	AGE	SEX

### 2. HOME DETAILS

POSTAL TOWN	
POSTCODE	

### 3. PURPOSE OF GRANT

PURPOSE OF GRANT (Please itemise costings)	
AMOUNT REQUESTED	

### 4. SUPPORTING INFORMATION

Please supply information to support this application, including a summary of family circumstances and any other relevant information. If this application refers to a holiday / break for a child, please provide full details regarding why such respite is required. (You may send a letter or use a separate sheet if preferred).

### 5. EXPECTED OUTCOME / IMPACT FOR THE CHILD/REN

6. DETAILS OF THE ORGANISATION MAKING APPLICATION AND ADDRESS TO SEND GRANT TO	
CONTACT NAME	
JOB TITLE	
ORGANISATION	
ADDRESS	
POSTCODE	
TELEPHONE NUMBER	
E-MAIL ADDRESS	
GRANT TO BE PAID:	Please name precisely the payee of the account that the cheque will be paid into: <i>IMPORTANT see box below 'Payment of Cheques'</i>
BY CHEQUE:	
OR	
BY BACS:	Please provide exact name as it appears on bank account, name of bank, sort code and account no:

<p><b>PAYMENT OF CHEQUES:</b></p> <p>Applications WILL NOT be considered without a payee. Please ensure that the payee above specifies the precise name of the account where this cheque will be banked on behalf of the beneficiary. Any cheque that is returned as the result of an incorrect payee will void the application and a fresh application may then be submitted. Thank you for your care and attention in helping to save BCC resources in this way.</p>
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<p><b>DECLARATION BY THIRD PARTY</b></p> <p>In making the application, I declare that I will be responsible for ensuring that  (1) any grant awarded is used for the purpose for which it is given and  (2) I will forward purchase receipts/tickets to Borders Children's Charity by post or electronically to <a href="mailto:treasurer@borderschildrenscharity.org">treasurer@borderschildrenscharity.org</a>.  I understand that failure to do so might mean that grants awarded are withdrawn by BCC.</p> <p><b>SIGNATURE*</b> _____ <b>PRINT NAME</b> _____ <b>DATE:</b> _____</p> <p><i>* signature not required if emailing completed application from a workplace email address</i></p> <p>1. Please check that all sections of the application form are completed, as incomplete applications will not be considered.  2. By signing this form both the agency representative and the grant beneficiary agree to the information on the form (and on any attachments e.g. supporting letters) being retained in the BCC filing system for up to 7 years.  3. By signing this form both the agency representative and the grant beneficiary commit to spending any grant awarded on the items stated on this form only. Failure to comply with this may result in future applications being rejected.</p>
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