



Charity No. 209989

'help for women in need of a break'

Grant Application Form

Please use
black or blue
pen to fill out
this form.

ABOUT YOU

This section is about the woman who is applying for the holiday grant.

What is your preferred method of contact?

Email	Post	Mobile
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[illegible]

CRITERIA

Even if you fit our criteria. You are not guaranteed a grant.

Which of the following points of our criteria apply to you?

	Financial Need		Disablement (including mental health)
	Carer		Other

How did you hear about the Mary Macarthur Holiday Trust?

WORKING STATUS

We need to know about your working status

Are you in employment?

☐
☐

Yes

☐
☐

No

Part Time

Full Time

☐

Voluntary

If YES:

What is your occupation?

If NO:

When was the last time you worked?

Where did you work?

Why did you finish?

Why haven't you worked since?

YOUR INCOME & EXPENDITURE

We need to know about the money coming into your home and how much you spend each month

Do you receive any of the following tax credits or benefits?

☐
☐
☐
☐
☐
☐
☐

Universal Credit

Income Support

ESA

Carers Allowance

Child Benefit

Please tick here if you do not receive any of the above.

☐
☐
☐
☐

Working Tax Credits

Income based JSA

Pension Credit

DLA

☐
☐
☐
☐

Child Tax Credits

Incapacity Benefit

Housing Benefit

PIP

Total amount of benefits received in £'s
e.g. Child Tax Benefit etc.

£

Total monthly salary after stoppages
(if applicable)

£

Breakdown of Expenditure per month:

rent

£

mortgage

£

council tax

£

water rates

£

food

£

gas & electric

£

credit card, mobile phone, debt repayment
etc.

£

TOTAL EXPENDITURE

£

YOUR HOLIDAY

If your application is successful in being awarded a grant, this will be used towards your chosen holiday as specified here. We do not cover spending money. We cannot pay any holiday booked before the decision is made. Therefore, please do not book a holiday until you receive confirmation from the Trust of you being awarded a grant.

Please circle as appropriate:

If you are successful in being awarded a grant are you able to contribute to the cost of the holiday?

YES

NO

If Yes - how much?

£

When did you last have a holiday of one week or more?

Where would you like to go on holiday?

Have you applied to any other charity or organisation?

YES

NO

If Yes - what charity or organisation?

Have you previously received a grant from our Trust?

YES

NO

If Yes - what year?

SPONSOR

Name of Sponsor
Position
Organisation
Address

Tel. No

Mobile Tel. No.

Email Address

Length of time you've worked with the applicant?

Post Code

Signed:

Date:

NOTE TO SPONSOR: It is essential that your comments in support of this application are set out in some detail on your letter head paper. Please state why you feel the applicant is eligible for a holiday grant and how a holiday would benefit her health.

APPLICANT'S AGREEMENT

Please read carefully before signing.

If awarded a grant. We pay the holiday provider. On request though, we can re-imburse payment on receipt of the holiday booking.

Making an application does not mean a grant will be awarded. Each application will be considered on its merits by the Management Committee at their quarterly meetings. I have read and understand the process of applying for a holiday grant. By signing this application form, you agree that the Management Committee can process your personal information for legitimate purposes whilst considering your application. Full details can be found on <http://www.mmht.org.uk/privacynotice.html> Your personal information will be held by the trust and will be treated as confidential, with the appropriate security.

Signed:

Date:

DATA PROTECTION ACT 1988

The information you supply on this form will be recorded by the Trust in its records. The Trust will process the data to keep a record of applications and grants made. The information will be used to contact applicants, sponsors and holiday providers. The information disclosed to the Officers, Trustees, Employees, Management Committee or Auditors of the Trust or to the Charity Commission but only in so far as it is to ensure the proper administration of the Trust.

! CHECKLIST

☐

Completed your application giving as much information as possible?

☐

Your sponsor has completed and signed their section of the form?

☐

Now enclose this form, together with the letter of support from your sponsor

Then post or email to:

Mrs Cheryl Andrews
Mary Macarthur Holiday Trust
Unite House
1 Cathedral Road
Cardiff CF11 9SD

Email: cheryl.andrews@mmht.org.uk

For more information please don't hesitate to contact Cheryl Andrews on 02920359091 or email cheryl.andrews@mmht.org.uk

Office use only:

Date Grant Approved

Date Grant Claimed

Cheque no/debit card

To whom payable / Holiday chosen: