

Office use only:

Rec'd

Ref. No.

/

Mary Macarthur Holiday Trust

Charity No. 209989

'help for women in need of a break'



I need 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.

TITLE

First Name(s)

Surname

Date of Birth

Address



Town

County

Home Tel. No.



MobileTel. No.



Email



				Mrs				Miss				Ms	
				dd	dd	Mm	Mm	Yy	Yy	Yy	Yy	yy	
				Post Code									

What is your preferred method of contact?

Email

Post

Mobile

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

CRITERIA

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

<input type="checkbox"/>	Financial Need	<input type="checkbox"/>	Disablement (including mental health)
<input type="checkbox"/>	Carer	<input type="checkbox"/>	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
 If YES: Part Time Full Time Voluntary

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?

- | | | |
|---|--|---|
| <input type="checkbox"/> Universal Credit | <input type="checkbox"/> Working Tax Credits | <input type="checkbox"/> Child Tax Credits |
| <input type="checkbox"/> Income Support | <input type="checkbox"/> Income based JSA | <input type="checkbox"/> Incapacity Benefit |
| <input type="checkbox"/> ESA | <input type="checkbox"/> Pension Credit | <input type="checkbox"/> Housing Benefit |
| <input type="checkbox"/> Carers Allowance | <input type="checkbox"/> DLA | <input type="checkbox"/> PIP |
| <input type="checkbox"/> Child Benefit | | |
| <input type="checkbox"/> Please tick here if you do not receive any of the above. | | |

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		Post Code
Mobile Tel. No.		
Email Address		
Length of time you've worked with the applicant?		

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 it's merits by the Management Committee at their quarterly meetings.

I have read and understand the process of applying for a holiday grant.

Signed:

Date:

DATA PROTECTION ACT 1988

The information you supply on this form will be recorded by the Trust in it's 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
1Cathedral 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: _____