



Information in Support of Grant Applications

Your name:

Date:

Please note that Completing this form does not guarantee the grant approval

The information provided will be used as an application to Funds and to identify potential sources of funding where appropriate.

Important:

- **If you experience difficulty in completing the form or are unable to provide the documents required please contactus@prayerpowernetwork.org.uk**
- Answer all the questions, by printing clearly in ink and by ticking the appropriate boxes.
- Carefully read the Data Protection statement below.
- Once the form is completed please submit with relevant evidence to welfare@prayerpowernetwork.com.

Confidentiality:

- Information contained in this form and supporting documents will only be seen by the following:-
- Prayer Power Network Trustees
- Prayer Power Network Welfare team
- Charitable Organisations if applicable

Statement on Data Protection

The information you provide will be used only in connection with the administration of Grant application and in searching for charities and grant-making trusts appropriate to your situation. It will be used by persons mentioned above.

The information will be treated with sensitivity and in confidence at all times. It will normally be held securely for up to Seven years and will then be destroyed. If you wish to see information that is held about you please contact us, and also refer to our Privacy & Data Protection policy on our website.



Part 1: Your personal details

Your first names (*in full*)

Your family name (*in full*)

Your date of birth

Your age in years

Your full correspondence address (*Please ensure you notify PPN welfare service of any change*)

Postcode:

Telephone numbers: Home:

Mobile:

Email address

Your immigration status

Part 2: Support category

Please select the grant you are applying for from the list.

It may be necessary for additional supporting information to be sought in order to effectively support you, in which case we will contact you.

Education & Other Events

- Education Care Grants
- Education and Learning
- Leisure Grants
- Honorarium
- Gifts

Other, please specify

Family & individual support

- Child-birth
- Financial Hardship
- Rent support (one-off)
- Bereavement
- Adoption



Part 3: Disability/Special medical needs

Do you have a disability, specific learning difficulty or chronic medical condition?

Yes No

If yes, please provide details:

Part 4: Supporting statement

1. Please details of the nature of support

2. When did you first become aware of financial difficulties? If applicable

3. Please explain exactly what you need the money for and the reasons you do not have the money required for this

What action have you taken to find support or resolve your financial situation?

- Part-time job
- Applications to Trust Funds/Charities
- Requests of additional support from sponsor or relatives
- Request to bank

Please provide details:

Part 5: Declarations

- I declare that the information that I have given on this form is correct and complete to the best of my knowledge.
- I understand that giving false information will automatically disqualify any application for Support and may also lead to disciplinary procedures being brought against me by the Prayer Power Network

Your name (CAPITALS)

Your signature

Date

Please list below all the documents which are appropriate to your circumstances and translated into English where possible.

FOR OFFICE USE ONLY

Date form received by Welfare Service

Welfare Service

Prayer power Network

email: welfare@prayerpowernetwork.org.uk

Website: <https://www.prayerpowernetwork.org.uk>

