Confidential - The information you provide on this form will be held confidentially by

 The

 KNOCKIE

 TRUST

**Qualifying Hardship and Distress**

**Grant Application Form**



The Knockie Trust and Stratherrick and Foyers Community Trust.

**Before you start, please make sure your application can tick all five of the following boxes.**

|  |  |
| --- | --- |
|  | Yes |
| I am resident in the Stratherrick and Foyers Community Council area. |  |
| I need up to £500. |  |
| My application does not include the repayment of debt. |  |
| My application does not include a request to pay an outstanding bill. |  |
| I understand the grant cannot be paid to me in cash, but can meet the cost of things I really need to buy. |  |

**If you have ticked all five boxes, then please continue.**

|  |  |  |
| --- | --- | --- |
| How long have you lived in Stratherrick and Foyers?. | Years | Months  |

|  |  |
| --- | --- |
| Your Name |  |
| Your Address |  |
| Your Postcode |  |
| Email |  |
| Telephone Numbers |  |

|  |
| --- |
| Please tell us the reason for your application – what you need and why you need help from this fund.  |
|  |
| How much does this cost? **£** |
|  |
| **Declaration:** I certify that the information contained in this application is correct. I understand that decisions made by the Knockie Trust are final. I agree not to publicise any grant or help I receive.  |
| **Your signature** |
| **Date of signing this form.** |