**Help for You**

|  |  |
| --- | --- |
| **Up to £200 to help a young person achieve an ambition**  **APPLICATION FORM** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Young Person** | | | | |
| **Name:** | |  | | |
| **Address:** | |  | | |
| **Post code:** | |  | **Date of Birth:** | |
| **Organisation** | | | | |
| **Referee:** | |  | | |
| **Relationship:** | |  | | |
| **Organ:** | |  | | |
| **Address:** | |  | | |
| **Email:** | |  | | |
| **Telephone:** | |  | | |
| **Please tell us about the beneficiary:** | | | | |
| **Please tell us what the grant will be used for:** | | | | |
| **Please tell us what the benefits of this activity will be:** | | | | |
| **Please tell us why funding is required and about efforts to raise funds from other sources:** | | | | |
| **Start date: End date:** | | | | |
| **Overall cost: £ Request: £** | | | | |
| **Signature of Referee** | | | | |
| **Signed:** |  | | **Date:** |  |
| **Signature of Parent or Guardian (please refer to conditions before signing)** | | | | |
| **Signed:** |  | | **Date:** |  |
| **Print name:** | | | | |
| **Email:** | |  | | |
| **Telephone:** | |  | | |
| **Please complete and return to: Community Chest Scheme, Community Regeneration Team, Economy and Regeneration Service, Place Directorate, County Hall, Morpeth NE61 2AP. Email: communitychest@northumberland.gov.uk** | | | | |