Surbiton Rotary Club - Application Form - Caporn Hardship Fund

NOTE: PLEASE DO NOT EXCEED ONE PAGE

Name of Applicant (your name)	
Date of application	
Designation (e.g. social worker; teacher) etc)	
Name and address of your organisation **e-mail address/telephone number**	
Payee name for cheque payment (NB this must be an organisation, not a person)	
Name or initials of the person you want us to help	
What will the grant be used for? (Please list all items / services with costs, and total amount of grant requested).	
Why does this family need our help? [MAX 200 WORDS]	
How will our grant improve the life of the child/young adult? [MAX 200 WORDS]	
What is your role / relationship with the family? [MAX 50 WORDS]	
Signature of Parent Guardian **Signature of Applicant** **Name of Parent/Guardian .....**	
Return to **By post: 18 Warren Drive North, Surbiton, Surrey KT5 9LQ** **By E-mail: nigelwhite@msn.com**	