

APPLICATION FORM

THIS FORM MUST BE COMPLETED AND SIGNED BY THE SPONSOR

Child's name



Date of birth

Parent's name

Address



Post code

Tel no

What is the purpose of this grant

Has a grant previously been awarded by us? Yes No

If YES please state when

Amount requested for this application

If the grant is towards a holiday, please tell us:

Holiday destination

Date of departure

Please allow a minimum of 8 weeks in advance of departure when submitting a holiday application

Please tell us if **Disability Living Allowance** is received for the named child:

Yes No

If YES, is rate for **Care** High Middle Low

If YES, is rate for **Mobility** High Low

What is the family's income and expenditure?

Weekly family income

Weekly family expenditure

Nature of disability

Name, address and telephone number of GP

Signature of Parent/Guardian _____ Date _____

I am satisfied that the particulars contained within this form are correct and agree to be responsible for any grant made.

Cheque payable to

Signature of sponsor _____ Date _____

Name of sponsor MR/MRS/MS/MISS

Designation of Sponsor
(Position of the signatory within organisation)

Full Address

Telephone Number

e-mail

Any further information that may support this application should be submitted on a separate letter

Completed applications to be sent to:

Challenger Children's Fund
c/o Barstow & Millar CA
Midlothian Innovation Centre
Pentlandfield, Roslin
Midlothian
EH25 9RE

Tel: 0131 312 8508

www.ccfscotland.org

e-mail: info@ccfscotland.org

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