

Birchington Convalescent Benefit Fund

Application for a grant

*Grants are made to enable children to obtain convalescent care or a break following illness where financial restraints might otherwise prevent this.
Applications are normally considered by the Trustees in February, April, June and August.*

Who is the grant for? : _____

What is their address? : _____

If necessary please provide fuller answers to the following two questions on a separate sheet or letter.
What will the grant be used for?

What is the medical or other reason for requesting the grant?

Name of person making this application: _____

Relationship to beneficiary (eg parent, social worker): _____

Telephone number: _____

Address if different from above: _____

Those applying for a grant are normally asked to gain the support of a recognised agency, such as social services or a charity, or their doctor. This will need to be on the headed notepaper of the agency concerned and include a contact telephone number.

Is a supporting letter included? Yes / No

If a grant is made, to whom should the cheque be paid? _____

Signed : _____ Date : _____