

*This grant is designed to help you overcome an immediate financial barrier for which you have not been able to obtain assistance from elsewhere. Your application should reflect this.\**

|  |  |
| --- | --- |
| **Applicant Details** | Date of Birth (DOB) |
| Name | Email |
| Address | Phone number |
| Do you have a support worker that is currently helping you? | |
| Support worker name and contact number (*if applicable*) | |
| What do you need funding for?  *[Please provide some detail about your circumstances and how the money would be used. It is easier for us to make a decision if we have more information about your situation.]* | |
| How much do you need from us? | |
| Is this part or full payment? | |
| When do you need the funding by? | |
| Where else have you tried for funding*? (Please indicate whether you have been successful / received anything)*\* | |
| What difference will this funding make to you?\*  *[Please add any information here that you feel will help your application]* | |

**Once completed, this form needs to be sent as an email attachment to**[**info@themasontrust.org**](mailto:info@themasontrust.org)*We will aim to respond to your application with a decision within 2 working days*

*If successful, where possible we will pay grants directly to your provider or supplier. Reimbursements are possible in some cases where your application has been accepted and you have had to pay for something immediately afterwards. You can’t put in an application for money already spent.*

*Applications to this fund are currently limited to three successful awards per individual and new applications cannot be made within six months of receiving a successful award.*