

Faringdon United Charity CIO



Charity no: 1186581

c/o All Saints' Church, Church Street, Faringdon, Oxfordshire, SN7 8AD

<https://faringdonunitedcharity.org.uk/>

Grant Application Form – Individual

Referrers Information

Name of Referral _____

Organisation: _____

Contact Person: _____

Address: _____

Phone Number: _____

Email Address: _____

Details of the person the application is for

Name: _____

Address: _____

Phone Number: _____

Email Address: _____

Your application must meet the following charity objects:

- to relieve either generally or individually persons resident in the Area of Benefit who are in conditions of need, hardship or distress.
- to advance the education of boys and girls resident in the Area of Benefit who, in the opinion of the charity trustees, are in need of financial assistance.

Brief outline of the application and reason for referral

Please include:

1. **Exactly** what you are applying for and be as specific as possible.
2. A short explanation of how the application meets our charitable objectives
3. Information about any benefits the person is in receipt of.

Privacy Statement

In accordance with the General Data Protection Regulation (GDPR), we are committed to protecting and respecting your privacy. By completing this application form, you consent to the processing of your personal data by Faringdon United Charity for the purposes of assessing your grant application.

Your personal data will be stored securely and will only be accessed by authorised personnel. We will not share your data with third parties, unless required by law. You have the right to request access to, correction of, or deletion of your personal data at any time.

For more information on how we handle your data, please refer to our Privacy Policy available at www.faringdonunitedcharity.org.uk

Acknowledgment

Please confirm:

1. You have read and understand our grant policy
2. You have read and understood the privacy statement
3. The information on this form is accurate to the best of your knowledge
4. The application will benefit an individual or family residing in our area of benefit (appendix a)

Signed: _____

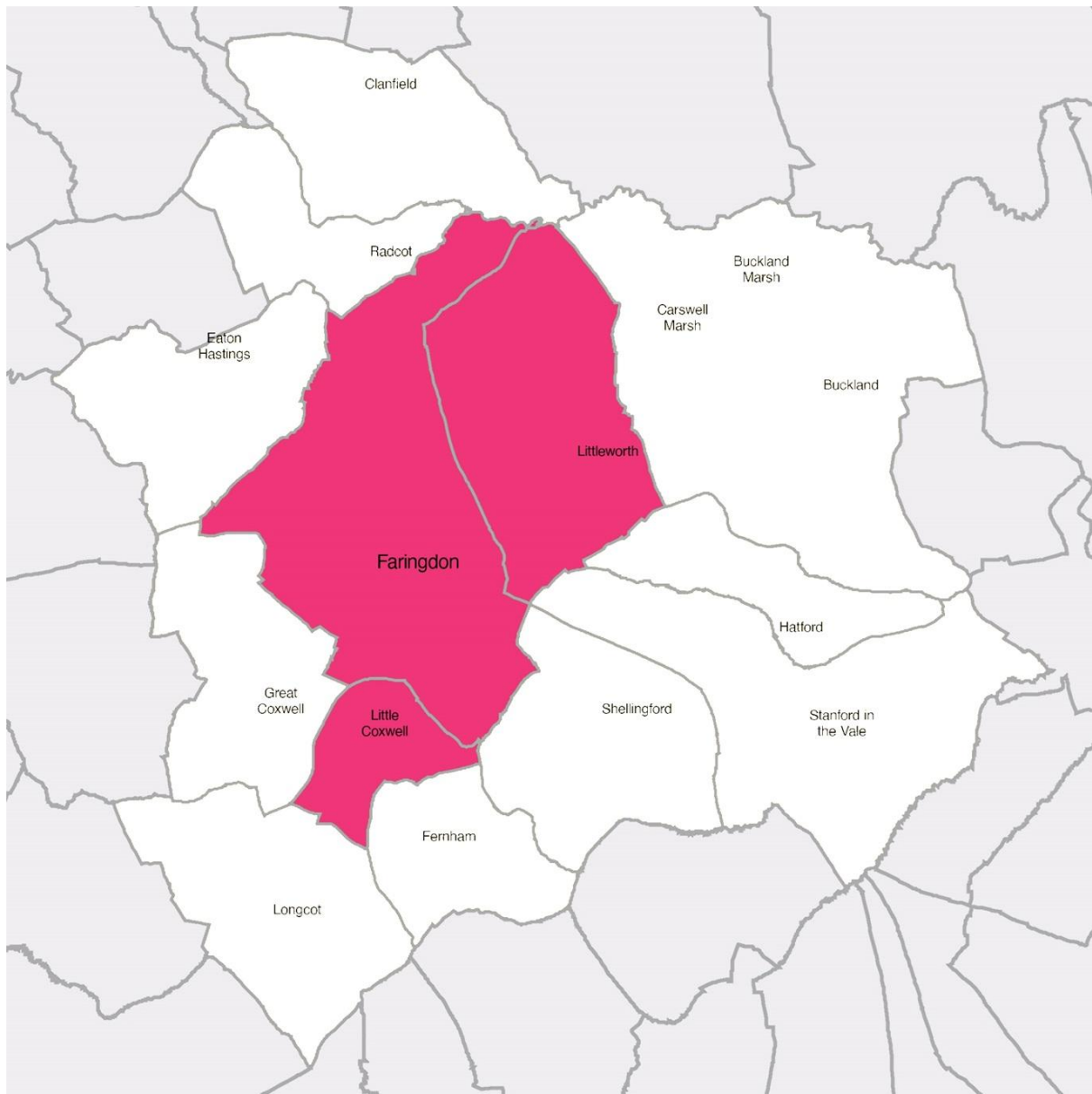
Date: _____

Please return this form to: clerk@faringdonunitedcharity.org.uk

Or post to: Faringdon United Charity

All Saints' Church, Church Street, Faringdon, Oxfordshire, SN7 8AD

Appendix a.



Pink = Area of Benefit (Faringdon, Littleworth, Little Coxwell)

For educational purposes, applications will be considered from pupils who attend, or Year 6 pupils planning to attend, Faringdon Community College, regardless of where they live.