

IN STRICT CONFIDENCE
Welfare Grant Application Form



Name of person applying for the grant:

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Address:

.....

Postcode: Email:

Tel:

Amount of grant requested £ (maximum of £250 per request)

Date grant required (if applicable):

Purpose of grant (please provide full details/breakdown of what the funding will be used for – you may be asked to forward evidence of expenditure):

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.....

The person affected by craniosynostosis is:

Hospital attended (where applicable):

- Great Ormond Street Oxford Liverpool
 Birmingham Children’s Hospital Other

Other sources of funding for which application has been made (if applicable)

.....

Are you related to or closely associated with a member of the Headlines board of trustees?

Yes / No If yes, name:

I declare that this grant is necessary to assist with my/our circumstances as described above and attach a copy of supporting evidence. I have read and understand the Headlines Welfare Grants Policy.

Signed:

Date:

Please email your completed form to administrator@headlines.org.uk

For Office Use Only

Approved :

Date:

