

GRANT APPLICATION

Please submit the completed application form by email

LCT makes grants to disadvantaged children and young people aged between 7 and 19 to enable them to participate in Christian residential events. Trustees look for:

- (1) a clear indication of social deprivation
- (2) clear evidence of financial need
- (3) where possible, a supportive Christian youth group in the home situation

The more information you can give us, particularly in these 3 areas, will help the application.

THINGS TO KNOW

- If you are requesting support for a number of people all going to the same event there is no need to repeat parts 1 & 2, simply complete part 3 for each person.
- The information provided will only be used to assess suitability for LCT grants (see Privacy Statement published on website).
- **Please submit the application at least 4 weeks before the event**
- If a grant is agreed, the payment is made after the event upon receipt of a brief report to confirm attendance and giving some feedback.
- It is the aim of the charity to give a response within four weeks of receipt of the application.

PART 1: DETAILS OF SPONSOR

Your name	<input type="text"/>		
Your address	<input type="text"/>		
Postcode	<input type="text"/>		
Telephone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>		
What is your connection with the child/young person?	<input type="text"/>		

LCT rarely supports an application made in full. We recommend that you find other sources of funding. Eg. the church, local grant making trusts, activity centre or event bursary support, fundraising activities, etc.

What other sources of funding have you sought?	<input type="text"/>
What was the result?	<input type="text"/>
How did you hear about LCT?	<input type="text"/>
Have you applied to LCT before, if so when?	<input type="text"/>

I confirm that I have the permission of the named child/young person and also the person listed to speak in support of the application (Reference), to share their data.

I confirm that the child/young person is not part of my family.

Please sign off this document by placing your full name here.

Date

LCT GRANT APPLICATION PART 2: DETAILS OF THE CHRISTIAN RESIDENTIAL EVENT

Event name

Address

Postcode

Telephone

Please give a brief description of the event

Event dates

REFERENCE

Trustees may wish to speak to someone who can support this application. Please give details of such a person.

Name

Address

Postcode

Telephone

Mobile

Email

LCT GRANT APPLICATION PART 3: DETAILS OF THE CHILD/YOUNG PERSON

First name only (following GDPR principles)

Age

Current school year (eg. year 9)

Does one or more parent/carer work in paid employment?

Yes

No

Does the child/young person receive Free School Meals?

Yes

No

Does one or more parent/carer receive any of the following (mark with an 'X' all that apply)

Unemployment Benefits

OR

Universal Credit because of:

Unemployment Benefits

Unemployment

Income Support

Sickness

Employment Support

Support for paying rent

Allowance Housing benefit

Please describe the social and financial hardship situation of the child/young person.

Does he/she have any connection with a church?

If so, what is the name of the church?

Please give a brief description of the youth club or organisation with which he/she is involved.

How do you think the young person will benefit from the residential?

FINANCIAL DETAILS

Total cost of event (including travel):

How much can the child / young person pay?

How much is the church contributing in money and/or in kind?

How much has been received from other sources?

How much grant are you requesting from the LCT?