

**In Confidence**

# The Jean Carr Charitable Trust Grant Application Form

Please complete in **BLOCK CAPITALS**

## Section A

Mr/Mrs/Miss/Dr/Other (please delete as appropriate)

1, Surname	<input type="text"/>	First Name	<input type="text"/>
Year of Birth	<input type="text"/>	Age	<input type="text"/>

**If appropriate** - accompanied by Mr/Mrs/Miss/Dr/Other (please delete as appropriate)

2, Surname	<input type="text"/>	First Name	<input type="text"/>
Year of Birth	<input type="text"/>	Age	<input type="text"/>

You're Address

Post code  Telephone No

Reason for the holiday

Do you need accompanying by a carer? (Please tick as appropriate) YES  NO

If yes, please state why you need to be accompanied below, and state the name of your carer.

What is your estimated total annual income, including benefits? £

## Section B

Where is your holiday destination?

What are your preferred dates Inclusive? From  To

Cost of the holiday £  Grant requested £

Name of your Travel agent / Organising body?

Name, address and occupation of the person recommending you for this grant (eg Doctor, Community nurse, Social Services, Clergy, Citizens Advice Bureau, Age UK etc)

Signature of sponsor

## Section C

I certify that the information I have given in support of my application is true and accurate  
Signature of applicant  Date

**Return to:-** The Jean Carr Charitable Trust, 16 Queensfield East, West Meads, Bognor Regis PO21 5RN - **Please allow up to four weeks for the process of application**