

THE MAYOR OF DOVER'S GOODWILL FUND

APPLICATION FOR FINANCIAL ASSISTANCE

This form should be used to apply for financial assistance and should be completed and returned to The Dover Town Mayor's Goodwill Fund, Council Offices, Maison Dieu House, Biggin Street, Dover, Kent CT16 1DW.

NOTES TO ASSIST WITH THE COMPLETION OF THIS FORM

1. Applications are invited at any time.
2. Personal applicants should complete 'Part 1', 'Part 3' and 'Part 4'
3. Organisations should complete 'Part 1', 'Part 2' and 'Part 4'.
4. We may need to contact you at a later date for further information

We have tried to make the form as simple and quick to complete as possible. If you need any help please contact us by phone (01304 242625), fax (01304 241445), Email (council@dovertown.co.uk) or by coming to see us at Maison Dieu House.

The Trustees treat all applications as strictly confidential except where your permission is given for them not to do so.

Thank you.

PART 1 *(Everybody to complete this section)*

1. Name and address of individual or organisation.

2. Day time telephone number and other contact, e.g. e-mail.

3. Please indicate briefly why financial assistance is required *(you may use this space and continue on further sheets if you need to, or attach details of the application on a separate document).*

4. How much money is requested.

£

PART 2 (*Organisations should complete this section*)

5. Purpose and aims of your Organisation.

6. Please give details of the following members of your Organisation.

Chairperson	<div style="border: 1px solid black; width: 200px; height: 30px;"></div>	Secretary	<div style="border: 1px solid black; width: 200px; height: 30px;"></div>
Address	<div style="border: 1px solid black; width: 200px; height: 80px;"></div>	Address	<div style="border: 1px solid black; width: 200px; height: 80px;"></div>

7. Please give details of the person to whom the cheque should be sent if financial assistance is approved

Name	<div style="border: 1px solid black; width: 200px; height: 30px;"></div>	Address	<div style="border: 1px solid black; width: 200px; height: 100px;"></div>
Position in Organisation	<div style="border: 1px solid black; width: 200px; height: 30px;"></div>		

8. Organisations should submit a copy of the latest accounts, audited if possible, with this form.

PART 3 *(Individuals should complete this section)*

9. The Trustees may feel they wish to write to someone who is able to support your application (such as your doctor, health visitor, social worker, headteacher, priest, local government councillor).

If we have your permission to do this, please write their name and address below.

Relationship (e.g. doctor): Name and address:
--

PART 4

10. I declare I have completed this form honestly and truthfully.

Signature of Applicant

Date

Name (please print)
