



# THE MAYOR OF DOVER'S GOODWILL FUND

---

## APPLICATION FORM FOR FINANCIAL ASSISTANCE

*This form should be completed and returned to:  
The Mayor of Dover's Goodwill Fund  
Dover Town Council  
Maison Dieu House  
Biggin Street  
Dover  
CT16 1DW*

### NOTES TO ASSIST WITH THE COMPLETION OF THIS FORM

- 1 Applications are invited at any time; however if possible please allow 28 days before assistance is required;
2. Personal applicants should complete parts 1, 3 and 4;
3. Organisations should complete parts 1, 2 and 4;
4. Please do not forget to include supplementary information requested;
5. Please be aware we may need to contact you for further information.

*If you have any questions about the Goodwill Fund, applying for assistance or completing this form please contact us by phone (01304 242625), fax (01304 241445), email ([council@dovertown.co.uk](mailto:council@dovertown.co.uk)) or in person at the address above.*

*The Trustees of the fund treat all applications as strictly confidential except where we have your permission not to do so.*

*Thank you.*

**PART 1** (*Everybody to complete this section*)

1. Full name and address of individual or organisation requiring assistance:

NAME:  ADDRESS:
-----------------------

2. Daytime telephone number and, if available, email address:

--

3. Total assistance required:

£
---

4. Amount requested from the fund:

£
---

5. What need is this grant requested to address (please provide costs/quotes)

--

6. Have other funders been applied to for assistance? YES/NO

If YES please list:

--

**PART 2** (*Organisations should complete this section*)

7. Purpose and aims of your organisation (please include any literature you may have to support this):

8. Please supply the FULL NAME AND ADDRESS of your:-

CHAIRMAN

Name:

  
  

Address:

SECRETARY

Name:

  
  

Address:

9. To which of these members should the cheque be made payable if financial assistance is granted?

Name:

10. ORGANISATIONS SHOULD SUBMIT A COPY OF THE LATEST ACCOUNTS, AUDITED IF POSSIBLE, WITH THIS FORM.

**PART 3** (*Individuals should complete this section*)

11. If you are completing this form on behalf of someone else please provide your contact details:

RELATIONSHIP TO APPLICANT:
NAME:
ADDRESS:
CONTACT NUMBER:

12. The Trustees may wish to contact someone to support your application (i.e. your doctor, health visitor, social worker, teacher, Councillor). If we have your permission to do this please provide their contact details:

RELATIONSHIP TO APPLICANT:
NAME:
ADDRESS:
CONTACT NUMBER:

**PART 4** (*Everyone must complete this section*)

13. I declare this form has been completed honestly and all information was correct at date of completion.

SIGNATURE:

--

NAME: (*please print*)

--

DATE:

--