

Who can apply?

Young people (under 25) who are or who have been in the care of, looked after or under a Supervision Order to the local authority in the following areas for a minimum of six months:

County Durham, Darlington, Hartlepool, Redcar & Cleveland, Middlesbrough, Stockton, Gateshead, South Tyneside or Sunderland.

Individuals can hold one grant each financial year starting in April.

You should have explored and exhausted all available statutory sources of funding and provision for your proposed activity before you apply to us.

Applications from a number of young people who wish to undertake educational or training activities together and who can demonstrate why they should be considered as a group application will also be considered.

What we will fund:

Grants of up to £500 per person to support educational and training activities. These include:

- Educational or tuition fees, study aids or equipment, i.e. books, subscription fees
- Training courses
- Bursaries to pay for young people to participate at a regional, national or international level in their chosen field
- Driving or motorbike lessons (maximum contribution £250) where you can **prove** either an extensive interest in car or motorbike mechanics and have been offered employment for which you will need a driving licence
- Educational trips will be considered but not Operation Raleigh type support

What we will not fund:

- Holidays
- Driving lessons where there is no actual job offer or active interest in mechanics.
- Uniforms
- Clearance of arrears or debt
- Equipment that is not directly linked to training or educational provision or large capital items
- Hardship funds
- We will not fund any activity that is the duty of a local authority to provide.

How to apply:

The application *must* be completed by the individual applying for the grant. If this is not possible, please ask someone else to help you eg your social worker or carer.

You will also need to include a reference (please use the reference form provided) from a social worker or professional advisor in a related field who knows you and can support your request. If you are over the age of 18 or no longer in the care of the local authority, then you will need to obtain a reference from a professional person who knows you. Please include a telephone number and ask permission for us to contact him/her if necessary.

If you need help to fill in the form, please contact Brenda for assistance.

For further information please contact: Brenda Dye, Grants Officer
County Durham Foundation,
Jordan House, Forster Business Centre, Finchale Road, Durham, DH1 5HL
Tel: 0191 383 0055 Fax: 0191 383 2969
E-mail: brenda@countydurhamfoundation.co.uk

STANHOPE CASTLE SCHOOL CHARITABLE TRUST GRANT APPLICATION FORM

Name of applicant:	
Date of Birth:	
Age:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:	
	Postcode:
Tel. number(s):	Daytime: Mobile:
Are you <i>now</i>: (Please tick box and state where and for how long)	<p>In Local Authority Care?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Where: For how long:</p> <p>Looked After?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Where: For how long:</p> <p>Under a Supervision Order to a Local Authority?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No Where: For how long:</p>
If you are no longer in care, please give details of: 1. When you were in care 2. Where	From: To: Local Authority:
Is this Application part of a group application?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who else is applying for funding? NB Each applicant should complete their own form. Please send them in together.
Purpose of Grant (what do you want to do)?	
Why is it important for <i>you</i> to do this?	

<p>Title of course attending and where? (if applicable):</p> <p>When will your activity/course start?</p> <p>Have you been offered a place on your chosen activity/course? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is this offer conditional and if yes, what do you have to do?</p>
<p>How will this grant help you now, and in the future?</p>

Funding

<p>How much will it cost in total?</p>	
<p>How much do you want from us?</p>	
<p>If more than one item, please list the cost of each item.</p>	
<p>Where will you get the rest of the money from (if you are not asking us for the full amount)?</p>	
<p>Have you already asked anyone else to fund this activity? If yes, give their name and what did they say?</p>	

<p>Applicants signature:</p>	<p>Date:</p>
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Return completed forms to:

**Brenda Dye, Grants Officer, County Durham Foundation,
 Jordan House, Forster Business Centre, Finchale Road, Durham, DH1 5HL
 Tel: 0191 383 0055 Fax: 0191 383 2969
 E-mail: brenda@countydurhamfoundation.co.uk**

<p>DO NOT START YOUR ACTIVITY OR SPEND ANY MONEY UNTIL YOUR AWARD HAS BEEN CONFIRMED IN WRITING.</p>

Stanhope Castle School Charitable Trust

Please give this form to your referee and ask them to complete and return to us separately.

Please complete all contact details in full.

Name of Applicant:	
Name of Referee:	
Position:	
Address:	
	Postcode:
Telephone no:	
Email address:	
<p>How do you know this person?</p> <p>How long have you known this person?</p> <p>How long have they been/were they in care and with which local authority?</p> <p>Please give BRIEF details if possible of why the applicant was placed in care</p> <p>Please explain why we should consider this person for a grant and whether you think they will complete the activity they have applied for?</p> <p>Does the applicant have any contact with parents/family member? If yes, how often?</p> <p>Could a family member or guardian offer any other financial support?</p> <p>Can the Local Authority or Social Services provide any financial assistance? <i>Please give details.</i></p> <p>Have you tried any other sources of funding? <i>Please give details</i></p>	

Referee's Signature:	Date:
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