

# The John T Shuttleworth Ropner Memorial Trust

## APPLICATION FORM

Return completed application form to: Brenda Dye, Grants Officer  
County Durham Foundation, Jordan House, Forster Business Centre, Finchale Road, Durham, DH1 5HL  
Charity Number: 227186

<b>Name of Applicant:</b>	<b>Date of Birth:</b>								
<b>Address:</b>									
	<b>Post Code:</b>								
<b>Tel. Number(s):</b>									
<b>Name of Contact (If you are applying on behalf of applicant)</b>									
<b>Relationship to applicant</b>									
<b>Please list from Section A (page 1) all conditions that apply to the applicant</b>									
<b>How does this affect the applicant</b>									
<b>Is the applicant on income support?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No								
<b>Please state weekly income and expenditure:</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"><b>Weekly income:</b></td> <td style="width: 40%;"><b>Weekly Expenditure:</b></td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> </tr> </table>	<b>Weekly income:</b>	<b>Weekly Expenditure:</b>	.....	.....	.....	.....	.....	.....
<b>Weekly income:</b>	<b>Weekly Expenditure:</b>								
.....	.....								
.....	.....								
.....	.....								
<b>How much do you have in savings?</b>	<input type="checkbox"/> less than £16,000 <input type="checkbox"/> £16,000 or more								

**What does the applicant want the grant for and why do they need it? (Please give as much detail as possible i.e. where you want to go including contact details and for how long or what help you need and when.)**

**From what date do you need this support? If your request is urgent within one month, please explain why.**

**Have you asked social services or the local Health Authority to fund this? If not, why not? If you have asked, what did they say?**

## **Funding**

<b>How much will it cost in total? If more than one item (eg accommodation, travel), please list the budget here or attach on a separate sheet with a quotation.</b>	
<b>How much do you want from us and for what?</b>	
<b>Where will you get the rest of the money from (if you are not asking us for the full amount)?</b>	
<b>Have you already asked anyone else to fund this? If yes, who and what did they say?</b>	
<b>If you are successful, who should the cheque be made payable to? (this should normally be direct to the provider eg. the residential home)</b>	

**Name of Referee:**

**Contact telephone number:**

**Applicant's Signature:**

**Date:**

Please give this form to your referee and ask them to complete and return to us separately. You cannot have a family member or close friend as your referee.

**Reference: The John T Shuttleworth Ropner Memorial Trust**

Please complete all contact details in full and attach a compliments slip, headed paper or official stamp.

Name of applicant:			
Name of Referee:			
Position:	<input type="checkbox"/> General Practitioner	<input type="checkbox"/> Social Worker	
	<input type="checkbox"/> Community Nurse	<input type="checkbox"/> Other (Please state what).....	
Address:			
	Post code:		
Telephone number(s):			
How do you know this person?			
How long have you known this person?			
Please describe the applicant's situation (e.g. illness, disability, caring responsibilities) and why we should consider them for a grant. If their request is urgent, please state why.			
Referee's Signature:			Date:

Thank you for your assistance.

County Durham Foundation manages the John T Shuttleworth Ropner Memorial Trust, Charity Number 227186. 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  
Email: [brenda@countydurhamfoundation.co.uk](mailto:brenda@countydurhamfoundation.co.uk)  
Charity Number: 1047625, Company Number 3072153