



# Request for funds Application form

Help a Guernsey Child will actively seek to assist disadvantaged local children and young people.

**SEND YOUR APPLICATION TO HELP A GUERNSEY CHILD C/O, ISLAND FM  
IF YOU HAVE ANY PROBLEMS FILLING IN THIS FORM OR HAVE ANY QUESTIONS DO  
NOT HESITATE TO CONTACT REBECCA MCGOWAN ON 01481 242000**

**MR/MRS/MISS/OTHER .....**

**FULL NAME .....**

**ADDRESS .....**

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**TELEPHONE ..... FAX .....**

**EMAIL.....**

**HOW CAN HELP A GUERNSEY CHILD HELP YOU? (Please give as much information as you can, follow onto a separate page if needed.)**

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**AMOUNT OF MONEY NEEDED IN TOTAL .....**



**PLEASE GIVE A BREAK DOWN OF HOW THE MONEY WILL BE SPENT  
(e.g., cost for treatment, specialist equipment, etc)**

Request	Cost

**ARE YOU THE FULL TIME CARER OF THE CHILD/GROUP? YES / NO  
(please circle)**

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**IF YOU ARE NOT EITHER OF THE ABOVE PLEASE STATE YOUR  
RELATIONSHIP WITH THE CHILD/GROUP. (Teacher, social worker, etc)**

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**WHERE DID YOU HEAR ABOUT HELP A GUERNSEY CHILD?**

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**ARE YOU CURRENTLEY SEEKING FUNDING FROM ANY OTHER  
ORGANISATION?? (If yes please specify the name(s) of such organisation(s))**

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