



**Christ's Hospital in Sherburn
Sherburn House Charity
Grant Application Form**

**Please read the enclosed guidelines and then type your application
or write clearly in black ink**

Name of Organisation:

Address:

Telephone Number

Email Address

Website Address

Name and Position in Organisation

**BACKGROUND INFORMATION OF YOUR ORGANISATION
(Please include a recent annual report if available)**

Date established _____

Any previous or alternative names _____

Registered Charity Number (if applicable) _____

Company Number (if applicable) _____

Tell us, using not more than 30 words, what the aims of your Organisation are

What sum do you seek from us? (Just the total at this stage) £

To whom should the cheque be made payable

Tell us, using no more than 25 words, what you intend to do with the money you are asking from us

For Office Use Only

Date Received

Date Approved/Rejected

Alms Reference

What is the extent of deprivation, need or hardship in the area or group you serve?

Tell us about the work you are asking us to help fund :-

- Who will it help and how many people will benefit?

- How will those you plan to help know about it?

- What results do you expect from it?

What is the total cost of the work you are asking us to help with?

Item	£
A. Total	

How much of this has already been raised?

From external funders (please list):	£
From your Organisation's funds (reserves or local fund-raising events)	
B. Total	

Summary

	£
Amount already raised (B, above)	
Amount you are requesting from us	
Amount you would still have to raise	
Total (same as Total A, above)	

Who have you applied to, or will you apply to, for the amount you would still have to raise?

Funder	£

Please give details of the present funding of your organisation

Number of paid staff and how they are funded

Summarise your current activities emphasising those relevant to this application and give the number of people who use your services

How did you hear about this charity?

Have you applied to Sherburn House Charity before?
If you answer 'yes' please enter the approximate date:

Signature

Name and position in the organisation

Countersignature
(only required if you are seeking funding for your own salary)

Name and position in the organisation

Date of application

Please return the completed form
with your latest annual report and accounts

to The Chief Officer, Sherburn House Charity, Ramsey House,
Sherburn Hospital, Durham DH1 2SE
Tel Number: 0191 372 2551 Email: admin@sherburnhouse.org Web: www.sherburnhouse.org
Registered Charity Number 217652