



The Beau Halo Trust – Grant Application Form for Financial Assistance

Please print and complete this form and return to the address/email address given below;

Child/Baby details:

Full name of Child	
Date of birth	
Date of death	

Parent(s)/Family details:

Name	
Address	
Postcode	
Telephone	
Email	
Preferred method(s) of contact	

Referrer details:

Name	
Address	
Postcode	
Telephone	
Email	
Preferred method(s) of contact	
Profession/Designation	

How do you know the family?	
How did you know/hear about The Beau Halo Trust?	

Financial Assistance Request details:

Please describe, in as much detail as possible, *what* (and *with reasons*) you are requesting;

Please describe, in as much detail as possible, *when* the funds (requested above) will be/or are intended to be used;

Please describe, in as much detail as possible, what *benefit* you are expecting from the above request;

To help us to make a decision, please explain (in your own words) why this family/parent(s) need our help;

To the best of my knowledge the details provided in this form are accurate and I therefore submit this application to The Beau Halo Trust for financial assistance with the above request.

Name (in block capitals)

Signature

.....

.....

Date

.....

Please complete and return to:

The Beau Halo Trust
32 Southampton Hill
Titchfield
PO14 4AJ

Or alternatively, please complete and email to:

Info@thebeuhalotrust.org

***Disclaimer:** Please note that any information disclosed will only ever be used for the purposes of grant decision making, charity governance and for monitoring and improvement of charitable activities and will only ever be used in accordance to GDPR.*

Our full Privacy Notice can be found at www.thebeuhalotrust.org or is available upon request.