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**The Deakin and Withers Fund Application Form**

The fund is available to single women over age 40 who regularly attend a Christian church who find themselves in need, financial hardship, or distress.

**Grant Remit**:

You can apply for up to £2000 for general support and/or household items/repairs. Please complete the application form included with this information sheet.

A Higher award may be considered where specific support is required for more expensive household repairs or items. For any items or work to be carried out please provide comparative quotes. Please include a brief description regarding your financial circumstances and reason for application.

**Application and decision process**

* Once we have received your application we will contact you with any enquiries and to inform you when we have reached a decision.
* We may also contact the Minister of your Church as a part of the assessment process.
* It usually takes a few weeks to process requests. Our decision-making panel will aim to review your application within six weeks of submission. If you are successful, then we will notify you of your success and the payment will be made directly to your bank/building society account.

If we are unable to help you with a grant award, then we will notify you of our decision.

**Helpful resources if you are experiencing a crisis:**

* Please contact your local Citizens Advice Bureau or equivalent organisation to receive free, impartial advice and practical help with any financial issues.
* Please contact your county council to find out about their local welfare assistance schemes
* Please contact Step Change for advice if you have any debt issues or problems paying bills including council tax or utilities.
* You may also find it useful to check the Turn2Us website - [www.turn2us.org.uk](http://www.turn2us.org.uk) or the Christian’s Against Poverty website – [www.capuk.org/](https://capuk.org/)

**The Deakin and Withers Fund – Application Form**

Please complete all sections of this form. If you have any queries regarding any of the questions, please contact us to discuss. Tel: 0114 242 4294 Email: [grants@sycf.org.uk](mailto:grants@sycf.org.uk)

**SECTION ONE – PERSONAL DETAILS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Mrs / Ms / Miss / other title (please specify)** | | | | | |
| **First name(s)** | | | | | |
| **Last name** | | | | | |
| **Address** | | | | | |
|  | | | | | |
| **Postcode**: | | | | | |
| **Telephone number (including dialling code)** | |  | | |
| **Email address (if applicable)** | |  | | |
| **Date of birth** | | **\_\_/\_\_/\_\_\_\_** | | |
| **Please indicate which of the following apply** | | Single Divorced Widowed | | |
| **Do you live:** | Alone With partner | |  |  | |
|  | Please add the number of children/dependants you have living with you . . . . . | |  | Age(s) | |

**SECTION TWO – YOUR NEED**

**How much money are you asking for?**

|  |
| --- |
| £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**What will it be used for?** (I.e., to pay off debts, boiler repairs etc.)

|  |
| --- |
|  |

**Please give details of you circumstances:** Why do you need this grant? Please include any health difficulties you have.

|  |
| --- |
|  |

**SECTION THREE – YOUR INCOME**

|  |  |  |  |
| --- | --- | --- | --- |
| Earned Income (Please give details) | £ | | per |
| **Do you receive benefits?** Please give the total amount of benefits you receive per month including benefits for rent, children, and pension credits.  Please do NOT include PIP or DLA. | | | |
| Total benefits received | £ | | per |
| **Do you receive a pension? If so, please state below how much and how often you receive your pension.** | | | |
| State pension | £ | | per |
| Private pension(s) | £ | | per |
| **Please provide details of any investments or savings** | | | |
| Type of investment/ savings account | | Amount | |
|  | | £ | |

**SECTION FOUR – YOUR OUTGOINGS**

|  |  |
| --- | --- |
| **Living Costs Per Month** |  |
| Please state your current rent or mortgage payments | £ |
| Please state how much council tax you pay | £ |
| Please state how much you pay for utilities | £ |
| Please state how much you pay for groceries and clothes |  |
| Please state how much you pay for internet, telephone & insurance | £ |
| Please state how much you pay towards debts | £ |
| Please state the cost of any other payments you make i.e. child care | £ |

**Additional Information**

|  |
| --- |
| Please provide proof of bank account such as bank statements, or an image of your online account. |
| Please provide a minimum of 2 comparative quotes for any household repairs or household items when applying for more than £750.  Please provide a copy of any bills or debt letters which are relevant to your application. |

|  |  |
| --- | --- |
| Have you applied to the fund before?  If yes, please give the date you applied. | **\_\_\_/\_\_\_/\_\_\_\_\_** |
| Have you applied to any other charities/trusts? | Yes / No |
| Please give details of charity/trust you have applied to and what the request was for. |  |

**Privacy Notice**

The data you have provided will be held securely by SYCF. We store the information you have submitted and process it for the legitimate interests of due diligence, fraud prevention, and evaluation. The information will be shared with The Deakin and Withers Trustees, grant panel members, and others directly involved in the grant approval process. Information will be retained for up to seven years. It is then archived, allowing us to access your grant application and award history. You can ask us to remove you from our database at any time. Please refer to our privacy policy for full details.

**Declaration to be signed by the applicant**

I hereby certify that the information given is correct to the best of my knowledge and belief. I agree that the Deakin and Withers Fund may approach any other charities or organisations in order to consult in confidence on matters relevant to this application.

|  |  |  |
| --- | --- | --- |
| **Signed (Applicant)** | | **Date** |
| **Your signature must be witnessed by the Minister of Religion, in signing this form the Minister confirms you are in need, hardship or distress and a Church member and that the information contained in the application form is to the best of their knowledge correct. By signing you confirm that the Church is a member of Churches Together or is a Church having full membership of Churches together in Britain and Ireland.**  **Please give details of the Church/Centre that you attend.** | | |
| Name of church/centre ……………………………………………….. | Name of the Minister of Religion ………………………………………... | |
| Address  ………………………………………………...  ………………………………………………..  Postcode………………… | Telephone Number…………………………  E-mail address………………………….. | |
|  | | |
| |  |  | | --- | --- | | **Signature of Minister** | **Date** |   **Please add your own comments about the applicants circumstances here**   |  | | --- | |  | | | |

Thank you for completing this form. Please return to:

**South Yorkshire Community Foundation Ltd, The Campus, Pack Horse Lane, High Green, Sheffield, S35 3HY.**

**How did you hear about this fund? Please give details of any support worker**