



The Betty Ross Trust

Charity Number SC044612

APPLICATION FORM

The Betty Ross Trust has been established to provide assistance to individuals, charitable institutions, societies, foundations or funds, with the primary purpose of aiding those aged 65 and over, in need through reason of age, ill-health, disability or other disadvantage in the Perthshire area.

This can be through the provision of funding for equipment to help people remain in their own home for as long as possible.

The Trust will consider funding applications for equipment such as mobility equipment, a hospital bed for the home, special chairs and the provision of partial funding for the adaptation of homes or gardens . Other necessary adaptations or equipment would be considered.

The maximum grant award is £5,000 with average grants being in the region of £3,000. Supporting documentation will be required.

Please note:

- *All purchases must be through a reputable dealer and receipts of purchase submitted to the Trust.*
- *We do not award funding for second hand goods.*
- *The Trust cannot fund applications that do not meet its criteria.*
- *The Trust cannot fund retrospective applications.*

We aim to advise applicants of the outcome within 2 months of receipt of their application.



The Betty Ross Trust

Section 1 – Contact Details	
Applicants Name:	
Organisation Name:	
Charity Number:	
Companies House Number (if relevant):	
Address:	
Telephone:	
Email:	
<p style="text-align: center;">Note:</p> <ul style="list-style-type: none">• The applicant is the person making the application and will be the Trusts point of contact. The applicant does not have to be the benefactor of the funding/support.• Non-public sector organisations applying on behalf of those in need must provide their Charity or Companies House registration number as appropriate.	



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Section 2 – About you/the applicant

Is the application on behalf of an individual or group?

Individual

Group

For Individual Applications

Individuals Name

Address

Date of Birth (must be over 65 years)

Telephone Number

Is the individual disabled?

Yes / No

Is the individual in ill health?

Yes / No

Please provide details:

Any further information relevant to this application:



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SECTION 3 – Purpose

Please tell us the purpose that the funding is being requested for:

How will this enhance the quality of life of those in need by reason of age, ill-health, disability or other disadvantage in the Perthshire area?



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Section 4 – Financial Information

What is the total cost of the project?

How much is being requested?

What other funding (if any) has been secured and from whom? Include details of any personal contributions you are making.	Funding Source	Amount

For what purpose will the funds be used?	List equipment/activity	Quote available	Amount
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

Any further financial information relevant to this application

NOTES:

- * For the purchase of equipment or for alterations/adaptions please attach quotes received.
- * If the funding applied for will not meet the costs of the project, please explain how the difference will be met.



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Section 5 - Declaration			
I confirm that the details with this application are true and accurate			Please tick
I confirm that I have the legal authority to make this application on behalf of the named individual /group			Please tick
Name (Print)			
Signed		Date	

Completed application forms should be returned to:

The Betty Ross Trust C/o PKAVS Carers Centre, Lewis Place, Perth, PH1 3BD



If you, or the person you are applying on behalf of, have caring responsibilities for a family member, neighbour or friend please call PKAVS Carers Centre on 01738 567076 or email carershubadmin@pkavs.org.uk to find out what support may be available.