## **BETTY ROSS TRUST**

**Charity Number SCO44612** 

## **APPLICATION FORM**

The Betty Ross Trust has been established to provide financial assistance for such charitable purposes as the Trustees think appropriate or to such charitable institutions, societies, foundations or funds, with the primary purpose being the relief of those in need by reason of age, ill-health, disability or other disadvantage in the Perthshire area.

The Betty Ross Trust aims to provide assistance to the elderly and the disabled and those in need. This can be through the provision of funding or other assistance, such as equipment and help so that people remain in their own home for as long as possible.

The Trust will consider funding equipment such as mobility equipment, a hospital bed for the home, special chairs and the provision of funding for adaptations to the home or garden. Other applications that would be considered could, as an example, include support to look after pets during confinement.

Applications that have been successful have included Grants to purchase magnifying equipment, mobility scooters, bed chairs, specialist beds, modifications to the home and garden and the funding of wireless sets for the British Wireless for the Blind Fund

Please note:

- All purchases must be through a reputable dealer and receipts of purchase submitted to the Trust.
- The Trust cannot fund applications that do not meet its criteria

Funding and help is available both to organisations and individuals and the Trust hopes to be able to distribute  $\pounds$ 35,000 -  $\pounds$ 40,000 annually. The Trust will consider funding to a maximum of  $\pounds$ 5,000 per application, and there is no minimum application amount.

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

SECTION 1 – Contact Details			
Applicants Name:			
Organisation Name (if relevant):			
Charity Number (if relevant)			
Companies House Number			
(if relevant)			
Address			
Telephone			
Email			
<ul> <li>Note</li> <li>The applicant is the person making the a does not have to be the benefactor of the</li> </ul>	pplication and will be the Trusts point of contact. The applicant funding/support.		

• Non public sector organisations applying on behalf of those in need must provide their charity or companies House registration number as appropriate.

SECTION 2 – About you/the applicant				
Is the application on behalf of an individual or group?		Group		
For Individual applications				
	alf of an individual or group?	alf of an individual or group? Individual		

Telephone numbe	er					
Is the individual re	egister disabled	Yes/No	Is the individ	dual in ill healt	h Yes/No	)
Individuals Age	Under 16	17-25	26-50	51-65	66-75	Over 76
Any further information relevant to this application						

S	ECTION 2- Purpose	
Please tell us the purpose that funding is	s being requested for.	

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

What is the total cost of the project	£
How much is being requested?	£

What other funding ( if any) has been secured and from whom?	Funding Source	Amount

or what purpose will the unds be used?	List equipment/activity	Quote available	Amount
		Yes/No	
Any further financial inform	mation relevant to this application	1	

## 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.

SECTION 4- Declaration			
I confirm that the details	with this application are true and accura	ate Please tick	
I confirm that I have the legal authority to make this application on behalf of the named individual /group		on Please tick	
Name (Print)			
Signed		Date	