

# EATON FUND FOR ARTISTS, NURSES AND GENTLEWOMEN

## Application for a Grant

Grants are made for one specific item or purpose. Only one grant per person can be made and no further applications can be considered. Grants **cannot** be considered for education fees, nor for recurring expenses such as mortgage repayments, special diets, nursing care or treatment.

**Please write clearly in black ink. Please complete all parts of this form, even if an explanatory letter has been sent. If necessary, continue on a separate sheet.**

### PERSONAL DETAILS

Title (Mr, Mrs, Miss, Ms) ..... Date of Birth .....

Full name .....

Previous / Present Occupation ..... Retired? Yes / No

Address.....

Postcode ..... Telephone No ..... e-mail address.....

Number of dependants (of any age) .....

### INCOME

Please give full details of **weekly / monthly** (delete as appropriate) income, including all pensions, benefits, sick pay, etc. and regular income from any source.

£

**Savings Accounts:-**

<b>TOTAL</b>	

### EXPENDITURE

Rent, mortgage, rates, heat, light, telephone and other **weekly / monthly** outgoings:-

£

£

<b>TOTAL</b>		

**PROFESSIONAL QUALIFICATIONS (if applicable)**

**NURSES: - Training Hospital and date of registration:-**

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**ARTISTS:- College/ School and date of graduation:-**

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**STATEMENT OF NEED**

Please give below any useful information to support your request, even if an explanatory letter has been sent. It is recommended that you include a supporting letter from your doctor, social worker or relevant agency, which would assist the Trustees when considering your application. **Please state below your specific need.**

**a) Background information:-**

**b) What I need to buy .....**

**c) Amount requested .....**

**d) Other charities applied to .....**

**Doctor / Social Worker .....**

**Address .....**

**Postcode ..... Telephone no .....**

**Signature of Applicant ..... Date .....**

**Please send completed form and supporting information to Eaton Fund, PO Box 172, Lewes BN7 9FF.**