

APPLICATION TO THE TURBO TRUST FOR GRANT FUNDING

To be completed and sent by post to:

Turbo Trust Grant Committee,
c/o Secretary of Trustees, The
Turbo Trust 172 Cambridge Road,
Great Shelford, Cambridge
CB22 5JU



THE TURBO TRUST
MAKING MOVES FOR POWER CHAIR MOBILITY

Please write clearly and legibly

UK registered charity no 1116374

| | | |
|--|---------------|--|
| Name of Applicant | Date of birth | Parent/Guardian if applicant is under 18 |
| Address and Postcode | Home phone | |
| | Mobile | |
| | Email | |
| Purpose of Grant (Please attach a supplier's estimate or quote with detail of the total cost – see criteria for grants) | | |
| | | Total target amount: £ |
| Amount already raised or pledged (note 1) : | | £ |
| Amount requested from Turbo Trust (notes 2 and 3) : | | £ |
| Other grant applications pending (note 4): | | |
| Do you know any sources of funds that the Turbo Trust can apply for on your behalf (note 5)? If Yes please provide contact details on a separate sheet. | | Yes / No |
| Do you agree to your details being used by Turbo Trust for such an application, if funds are identified? (note 6) | | Yes / No |
| Do you intend to raise funds for the Turbo Trust (note 7)? | | Yes / No |
| How will this equipment/service improve the applicant's life? (note 8 – attach separate sheet if necessary) | | |
| Other circumstances which affect the application (note 9 – attach separate sheet if necessary): | | |
| Name, Position and Contact details of Qualified Care Professional who can support this application (note 10): | | |
| Do you agree to your needs being highlighted in general Turbo Trust publicity material (note 6)? | | Yes / No |
| I have read and understand the notes with this form and would like to apply to Turbo Trust for a grant (note 11). | | |
| Signature: | | |
| Capacity in which signed, if not the applicant: | | Date: |