

## Grant Application Form

(For use by Individuals)

Applicant 1

Applicant 2

Full Name:

Address:

Telephone No.

Occupation/Former Occupation

Place and Date of Birth

Please tick appropriate box:  Married  Widowed  Single  Divorced

Married  Widowed  Single  Divorced

Do you own your house? Yes/No How many people live with you

Yes/No How many people live with you

Period of Residence in Aberdeen Years Months

Years Months

Please provide details of your income (state whether received weekly or monthly) and include details of pensions etc.  
 £ per week/month from:  
 £ per week/month from:  
 £ per week/month from:

£ per week/month from:  
 £ per week/month from:  
 £ per week/month from:

Outgoings - what do you pay for  
 Mortgage/Rent £ per  
 Council tax £ per  
 Other - please specify

Mortgage/Rent £ per  
 Council tax £ per  
 Other - please specify

Do you have any savings - if so, how much

Name of Bank/Shares	Amount

Name of Bank/Shares	Amount

Please provide in the space opposite and on the reverse if necessary details of your current financial hardship and **the purpose for which funds are required**

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_

## COUNTERSIGNATURE

(By a social worker, doctor, minister, or other person of suitable standing)

Full Name:

Address:

Occupation

Organisation

Counter signature

\_\_\_\_\_

Date

\_\_\_\_\_

I confirm that to the best of my knowledge and belief, the foregoing information is true and complete, and that the Applicant is a suitable candidate for financial assistance from the Trust.

**Completed Application Forms must be returned to:**  
**Messrs Adam Cochran, 6 Bon Accord Square, Aberdeen, AB11 6XU**  
*(The George Crombie Trust is a registered Charity, registered no. SCO15407)*