

BURSARY APPLICATION

Terms and Conditions

- 1 The Bursary Panels decision is final.
- 2 Successful applicants will be expected to report back to Reach immediately after the grant has been spent.
- 3 Grants will usually be paid by cheque or BACS or a 3rd party on invoice. Proof of expenditure will be required.
- 4 The grant should usually be spent within 6 months of receipt.
- 5 The grant is not transferrable and must be used for the purpose stated in the application.
- 6 Publicity is not a requirement of the grant but applicants who are happy for Reach to use them in publicity or undertake their own publicity mentioning Reach are very welcome.
- 7 The Bursary Panel may direct applications to other grant giving bodies if they are deemed to be more suitable.
- 8 Applications are only accepted from current members of Reach - you are welcome to join and apply for a bursary at the time of application, application forms are available online.
- 9 Thank you for applying, please send your completed form to the address below or email to reach@reach.org.uk.

REACH CHILDS PERSONAL INFORMATION

Full name	
Home address	
Home phone	
Mobile phone	
E-mail address	
Birthday (DD/MM/YYYY)	
Is a prosthesis worn? If yes please give details.	Y / N
Reach Membership Number	
Do you attend a Limb Centre or Hand Clinic? If yes please give details of where and when your last appointment was.	Y / N

“It’s Ability not Disability that Matters”

A company limited by guarantee. Registered in England
 Registration no. 07054164. Registered charity no 1134544
 Registered office. 25-29 High Street, Kingston-on-Thames, KT1 1LL

Reach Charity Ltd

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 Tavistock, PL19 0BN



0845 1306225



reach@reach.org.uk



www.reach.org.uk



@reachcharity



www.facebook.com/reachcharity

ADULT FILLING IN THE FORM

Full Name	
Address	
Relationship to the child	
Work/Home phone	
Mobile phone	
E-mail address	
Date of Application	
Signature of Adult applicant named above	

ENDORSEMENT – we ask for an endorsement by an independent person who is willing to support your application, for example your Occupation Therapist, GP, Social Services Adviser. This person must enclose a report or assessment to support this application.

Name	
Occupation	
Professional Address	
Email address	
Business phone	
Report Enclosed	Y / N

Amount Requested

Total amount Needed	£
Amount requested from Reach	£
How will the remainder be funded? Please indicate.	Parental contribution
	Fundraising
	Other grant giving body – please give details.

PURPOSE OF THE BURSARY Please give as much detail as possible to assist the panel's decision

Thank you.