# BURSARY APPLICATION

**Terms and Conditions**

1. The Bursary Panels decision is final.
2. The Bursary panel meet 4 times per year and decisions will be made then
3. Please ensure you submit your application at least 2 weeks prior to the dates listed on the website for your application to be considered at that meeting.
4. When submitting your application, please ensure you state the exact cost you require and justify your reasonings.
5. Successful applicants will be expected to report back to Reach immediately the grant has been spent, please supply a progress report and photos to celebrate and help promote the bursary to other members.
6. Grants will usually be paid by cheque, BACS, or a 3rd party via invoice. Proof of expenditure will be required.
7. It is unlikely that 100% of the amount request will be awarded, please ensure you can meet the remainder of the costs and explain how in section 4.
8. The grant should usually be spent within 6 months of receipt.
9. The grant is not transferrable and must be used for the purpose stated in the application.
10. 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.
11. The Bursary Panel may direct applications to other grant giving bodies if they are deemed to be more suitable.
12. Applications are only accepted from current members of Reach, with at least 1 year’s membership.
13. Thank you for applying, please send your completed form to the address below or email to [reach@reach.org.uk](mailto:reach@reach.org.uk)

## 1 REACH MEMBERS PERSONAL INFORMATION

|  |  |
| --- | --- |
| Full name |  |
| Home address |  |
|  |  |
| Telephone Number |  |
| E-mail address |  |
| AGE on application |  |
| Is a prosthesis worn? If yes, please  give details. | Y / N |
| Do you attend a Limb Centre or Hand?  Clinic? If yes, please give details of which one | Y / N |

## 2 ADULTS FILLING IN THE FORM (if appropriate)

|  |  |
| --- | --- |
| Full Name |  |
| Address |  |
|  |  |
| Relationship to the child |  |
| Telephone Number |  |
| E-mail address |  |
| Date of Application |  |
| Signature of Adult applicant named above |  |

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

|  |  |
| --- | --- |
| Name of Independent Person |  |
| Occupation |  |
| Professional Address |  |
|  |  |
| Email address |  |
| Telephone Number |  |
| Report Enclosed | Y / N |

## 4 Amount Requested.

|  |  |
| --- | --- |
| Total amount Needed | £ |
| Amount requested from Reach – we rarely award 100%. | £ |
| How will the remainder be funded? Please indicate. | Parental contribution |
|  | Fundraising |
|  | Other (please give details) |

**5 PURPOSE OF THE BURSARY**

**Please give as much detail as possible to assist the panel’s decision. If you are applying for help with adaptions to a car, please let us know who advised you i.e. A Driving Assessment Centre, local supplier, garage etc.**

Thank you