

THE ADAMSON TRUST

(Robert and Agnes G Adamson’s Fund – Scottish Charity Number SC016517)

INDIVIDUAL APPLICATION FORM

Child’s Full Name :.....

Address :

Post Code:.....

Date of Birth :.....

Child must be over 2 years old and under 18.

Details of Disability :

Please attach supporting evidence such as a letter from your GP, hospital or Health professional

Receipt of this is essential. If it is NOT provided the application WILL NOT BE CONSIDERED

Name and Address of :.....

Adult or Organisation

Making the Application

Relationship to the Child :.....

Have you ever applied to the Trust before ? YES / NO

IF YES, When ? Amount received ?.....

Have you applied to other charities or organizations ? YES /.NO

IF YES, please provide details.....

.....
Please let us know where you heard about the Adamson Trust.....

Please check the Trust’s Information Sheet carefully before sending off your application.

PLEASE RETURN THIS FORM FULLY COMPLETED TO REACH THE TRUST NO LATER THAN September 30th 2019 FOR THE November 2019 MEETING OF TRUSTEES.

The following section is essential to allow the trustees to evaluate the application

DETAILS OF THE HOLIDAY and or RESPITE CARE

Where to, when, how much will it
cost including travelling costs and
incidental expenses)

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.....

Please keep receipts as they may be required for audit.

How do you expect the holiday/respite break to benefit the child ?

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(Please continue on a separate sheet if more information is available.)

Who is going on holiday with the.....
child ?

If the holiday has been booked, please attach copy of booking confirmation.

Holiday details are essential information for the Trustees

Please note that we are unable to award grants for children under 2 years of age.

SIGNATURE OF APPLICANT

DATE OF APPLICATION

CONTACT DETAILS – email address

Mobile phone no.....

Return the form to
– The Adamson Trust
P O Box 7227
PITLOCHRY
Perthshire PH16 9AL