

**Morwenna Fund  
Application Form**  
Confidential

**Please note only fully completed application forms will be accepted. Supporting information will not be considered. The sponsor/agency must read the guidelines before submitting the application form.**

Name of applicant (parent or carer): \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Name of child / children: \_\_\_\_\_

Date(s) of birth: \_\_\_\_\_

Does the applicant live alone with the child/children? Yes  No

Sponsor: \_\_\_\_\_

Referral Agency: \_\_\_\_\_

Tel: \_\_\_\_\_

Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Email address: \_\_\_\_\_

**Reasons for applying & summary of need:**

**a) Please describe why the applicant is seeking a grant, their circumstances and needs.**

b) Please identify each item and the actual cost of what they are seeking to purchase. An example is shown in the box below:

**Total Expenditure**

Items	Quantity	Cost (£)	Supplier
<i>e.g. Crèche Sessions</i>	<i>2 per week x 6 weeks = 12</i>	<i>£20 per session =£240</i>	<i>Tiny Toddlers, Penzance</i>
		Total: £	

Has the applicant applied to other sources of funding? Yes  No

If yes please detail below the grant funder e.g. Frank Buttle Trust, the date applied & the outcome (or if not known when you expect to hear):

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**Please indicate whether the applicant has been in contact with any of the following:**

GOFA (Good Old Furniture Available)  SOFA (Shifting Old Furniture Around)

Freecycle  Re:source  Other please specify \_\_\_\_\_

Please state when, and the outcome (if you have not contacted any of them please state why not?)

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**Signatures**

Signature of **applicant** (parent or carer): \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of **sponsor/referral agency**: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please specify a **2<sup>nd</sup> contact** at sponsor/referral agency. Signature: \_\_\_\_\_

Print Name & Position: \_\_\_\_\_

Date: \_\_\_\_\_

Please add any other information you feel is relevant in support of this application:

**CHECKLIST: We cannot process your application unless you have:**

- Answered every question
- Signed & dated the form (three signatures required)

If the beneficiary does not have a bank account suitable to pay in a cheque please print an alternative payee name below (we recommend a representative of the sponsor/referral agency):

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Otherwise grant cheques will be made payable to the applicant as completed on page one.

**To keep our costs to a minimum, please ensure you use the correct postage rate**

Thank you for completing this application form. Please send it by post or email (scanned copies only) to the address below. Please only enclose this application form and no other supporting documentation. Only fully completed application forms will be considered.

Cornwall Community Foundation  
The Orchard  
Market Street  
Launceston  
Cornwall  
PL15 8AU  
Tel: 01566 779333  
[grants@cornwallfoundation.com](mailto:grants@cornwallfoundation.com)  
[www.cornwallfoundation.com](http://www.cornwallfoundation.com)

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building bridges together