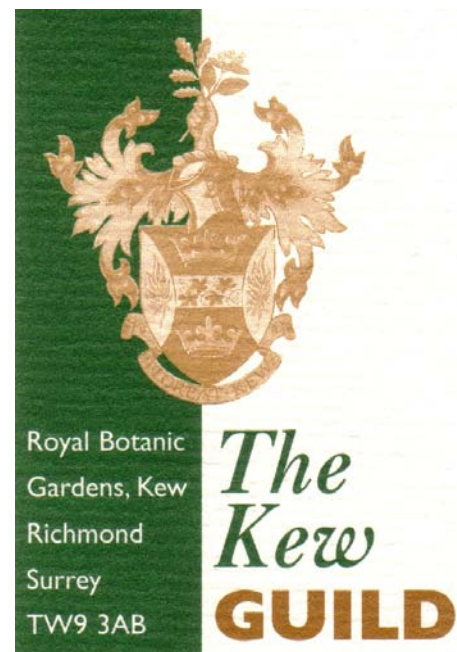


Please complete and return this form to:

The Chairman
Kew Guild Awards Scheme,
The Royal Botanic Gardens,
Kew,
Richmond,
Surrey,
TW9 3AB

Marked 'Private and Confidential'



Application for financial hardship support

Please note that awards are made to assist those members in financial hardship to attend Kew Guild functions and other appropriate events.

You should keep a copy of this form for future reference.

Note that your application may not be considered if it is not fully completed.

Please only send **PHOTOCOPIED** documentation where required.

We will not accept responsibility for loss/damage to original documentation, nor will this be returned.

Section 1 – personal details

The information provided will only be used for assessing this application. This paperwork will be reviewed only by the Chairman and Treasurer of the Awards Scheme Committee. Amounts of awards will be reported to the Main Committee, but not the details of the applicant.

Title:

Forename:

Surname:

Date of birth:
dd-mm-yyy

Place of birth:
indicate if not UK

Home address details:
(or other permanent contact details)

House:

Street:

City:

County:

Postcode:

Country:

Phone:
(Include country code where necessary)

Date joined RBG Kew:

Date Left RBG Kew

Date joined Kew Guild:

Partner's details

Title: Forename: Surname:

Date of birth: Place of birth:
dd-mm-yyy indicate if not UK

Home address details:
(or other permanent contact details)

House:

Street:

City:

County:

Postcode:

Country:

Phone:
(Include country code where necessary)

Section 2 – dependents

Do you have any children under 18 yrs who are financially dependent on you (circle one only) Yes No

Do you have any adults who are financially dependent on you (circle one only) Yes No

If you have answered 'yes' to either of these questions, please give names and dates of birth of any dependant children. If you have dependant adults please state their relationship to you, and the reasons for their dependence.

You may continue on a separate sheet if necessary (please ensure that your name and date of birth are at the top of any additional pages)

Section 3 – disability/medical needs

Do you have any disability or chronic medical condition? Yes No
(circle one only)

Please explain the circumstances of your condition or needs.

You may continue on a separate sheet if necessary (please ensure that your name and date of birth are at the top of any additional pages)

Section 4 – your budget

You are required to complete this section in full. Please mark with a zero where you do not receive income or incur costs. Those items marked * require documentary evidence to be provided. This must be photocopied and not original paperwork.

Income	£ per year
State benefits	
Child Tax credits	
Working tax credits	
Child benefit	
Income support	
Jobseekers allowance	
Housing benefit	
Council tax benefit	
Pension credit	
Other state benefits (please state beneath)	
Earned income	
From employment (gross)*	
Partner's income (gross)*	
Income from any other sources - please detail beneath*	
Investments	
Own savings*	
Partner's savings*	
Family Trusts*	
Other* (please state beneath)	
Total annual income	

Expenditure	£ per month
Maintenance	
Food	
Mortgage*	
Rent*	
Household (laundry etc.)	
Childcare costs*	
Utilities	
Gas*	
Electricity*	
Water*	
Telephone	
Other costs (please specify)	
Total monthly costs	

Section 5 – supporting statement

Please explain the circumstances around why you are claiming financial assistance. Our criteria for providing assistance are prioritised, but not solely, towards members on low income or whose circumstances have been drastically affected through bereavement, disablement or illness. No award will be made where the financial need arises out of the applicant's own making.

You may continue on a separate sheet if necessary (please ensure that your name and date of birth are at the top of any additional pages)

Section 6 – amount of support requested

Please state the level of support you require as well as what you will use the funds for.

You may continue on a separate sheet if necessary (please ensure that your name and date of birth are at the top of any additional pages)

Section 7 – declarations

- The information provided will only be used for assessing this application. This paperwork will be reviewed only by the Chairman and Treasurer of the Awards Scheme Committee. Amounts of awards will be reported to the Main Committee, but not the details of the applicant.
- Please note that obtaining funds to which you are not entitled is a criminal offence.
- The application **MUST** be signed by the person named in this application.

Declaration

I confirm that to the best of my knowledge and belief the information I have given on this form is true and complete. I also understand that if I have given false information, or if I am ineligible to apply but have done so, or have not given complete information, my application will be rejected or an award may be refused or withdrawn and any funds I have received will be reimbursed to the Guild.

Signed:

Print:

Date: