



Haltwhistle Community Shops Fund

Application form – Young Person’s Fund

GUIDANCE NOTES

Please ensure you read these guidance notes carefully before completing the application form.

- This application form is for a Young Person’s Grant
- You can apply for up to £500
- You must be 25 years or under to apply. Proof of age may be required.
- We sincerely hope that these funds will support you in developing a talent or pursuing an educational opportunity that might otherwise be inaccessible to you.
- For example, to assist with obtaining equipment or training, or to enable participation in philanthropic activities.
- Only the minimum amount necessary for you to achieve the purpose of your application will be granted.

HOW TO APPLY

- Download and save the appropriate application form
- Complete the form
- Seek an associated letter of recommendation or reference from an adult who can vouch for your character.
- Develop a budget of associated costs
- Email your completed application form along with the supporting documents to shopsfund@haltwhistle.org
- Please ensure that all digital files are clearly labelled with your name and a brief description of the document.
- Alternatively, you may print the form, fill it out by hand, and post it together with any supporting documents to the Shops Fund Administrator. Contact details can be found on the final page.

WHAT HAPPENS NEXT

- Applicants will receive a confirmation email acknowledging receipt of their application.
- You will be notified by email regarding the outcome of your application.
- Applicants who are successful will receive a grant offer letter outlining the terms and conditions of the grant.
- Payment will be made to your or a guardian’s bank account upon receipt of your acceptance form.
- Photographs and videos documenting your experience are invited and, subject to your consent, may be utilised for promotional purposes by the Haltwhistle Partnership and the Community Shops Fund, in full compliance with applicable GDPR regulations.

Section A: About You (the person who will benefit from the grant)	
Name:	
Address:	
Postcode:	
Email address:	
Telephone:	
Date of Birth	
Section B: The Applicant (the person applying on behalf of the young person) (if applicable)	
Name:	
Relationship to Young Person:	
Address:	
Postcode:	
Email address:	
Telephone:	
Section C: Purpose of the Grant	
Total Project Cost:	£
Amount Requested:	£
Please indicate whether you have raised any funds independently, and if so, specify the amount	£
Why is this funding needed?	
When is the funding required?	

Budget (if applicable)

Item/ Activity	Description	Cost
		£
		£
		£
		£

Project title: <i>(if applicable)</i>	
Please provide a detailed explanation of how you intend to use the grant, how it will benefit you, and the impact it is expected to have on your life.	
For example, the grant could support access to a new opportunity or employment, the development of a specific talent, or participation in a training course. <i>(max 800 words)</i>	
Expected start date of the project:	
Expected date of completion:	

Provide any additional information that may support your application:

Declarations

The information provided in this application form will be held and processed in accordance with the General Data Protection Regulation (GDPR) 2018. It will be used solely by the Haltwhistle Partnership for the purposes of grant processing, analysis, auditing, and evaluation. This information will not be used for any other purpose, published on our website, or shared with any other agencies or organisations.

By submitting this application to the Community Shops Fund, I acknowledge and agree to the following conditions:

- I confirm that, to the best of my knowledge and belief, the information provided above is accurate and true.
- I understand that only information relevant to the evaluation of this application will be submitted to the Community Shops Fund Grants Panel to support their recommendations.
- If this application is successful, I guarantee that the funds will be used exclusively for the purposes outlined in this application.
- I understand that the Haltwhistle Partnership reserves the right to request repayment of any grant funds that are not used for the intended purpose.
- I understand that the funding is provided for a specified period only, and a final report must be submitted upon project completion for monitoring and review purposes.
- I understand that failure to submit a final report to the Haltwhistle Partnership may result in a request for repayment of the funding and the rejection of future funding applications.
- I understand that details of the grant award may be shared with the media, published on social media platforms, and included in the Haltwhistle Partnership's press releases.
- If successful, I agree to acknowledge the support of the Community Shops Fund in all publicity and promotional materials, including the use of the Community Shops Fund logo and reference to the Haltwhistle Community Shops Fund.
- I understand that failure to complete any section of this application form or provide the required documentation, without a reasonable explanation, will result in the application being returned.

Name:

Signature:

Date:

Name:		Date:	
Relationship:			
Signature:			

Signatures:

By signing this form, I confirm that the grant will be used solely for the purposes outlined above, and I declare that, to the best of my knowledge and belief, the information provided is accurate and truthful.

Young Person Signature:		Date:	
Name:			
Applicant Signature:		Date:	
Name:			
Relationship to the Young Person:			

Application Checklist

Document	Included
Completed Application Form	
Evidence of Cost (Budget, quote, etc)	
Letter of Recommendation or supporting reference	
Proof of Age (<i>if requested</i>)	
Other (<i>please specify</i>)	

Supporting Documentation required prior to grant release

Document	Included
Grant Acceptance Form	
Image Release Form	
Grant Monitoring Report	
Other (<i>please specify</i>)	

Submission of form:

Send your completed application form and supporting documents to:	
Shops Fund Administrator	
Email Address:	shopsfund@haltwhistle.org
Postal Address:	Westbourne House, Main Street, Haltwhistle, NE49 0AZ
Upon receipt of your application, you will receive a confirmation email. If you do not receive this email, please contact the Fund Administrator using the email or postal address provided above.	
If you require any assistance with your application, please feel free to contact the Shops Fund Administrator.	
Phone Number:	04134 321242
For further information about the Community Shops Fund or the Haltwhistle Partnership please contact:	
Haltwhistle Partnership Administrator	
Email Address:	admin@haltwhistle.org
Phone Number:	01434 321242
Postal Address:	Westbourne House Main Street, Haltwhistle, NE49 0AZ

Please let us know how you heard about the Community Shops Fund?	Tick
Facebook	
Haltwhistle Partnership Website	
Poster/leaflet	
Local Press	
Direct email	
Word of mouth	
Other (please specify	

Haltwhistle & Surrounding Parishes

