



PAULINE CLARK AWARD APPLICATION FORM

Name of Applicant (person who wants help) :	Date of Birth:
Name of person referring or filling in this form (if not the applicant).	
Address of applicant:	Contact phone: Contact email:
What links you to South Shropshire?	
Describe your current situation	
What is the funding to be used for? (attach any evidence)	
Who else have you applied to?	
What income (including benefits) do you/they receive per month?	
When would be the latest you need to receive any money awarded by?	
Where do you want to be in 6 months time? Tell us some of your future plans	
How are you going to get there?	
How will the money help you do that?	
How do you plan to raise the rest of the money?	
Is any agency supporting your application? (attach supporting letter)	
Total amount needed? £	Amount requested from the PCA? £
Signature:	Date:

We normally request that successful applicants contact us within 12 months of receiving a grant to let us know how they are getting on and how the money has made a difference – by signing this form you are agreeing to do this.