

the7stars foundation welcomes applications on behalf of 16 year olds and under, facing challenges relating to the topics of: homelessness, addiction, abuse and child carers.

Please feel free to contact the Foundation Director if you have any questions about the application, the application form or application process.

Please send completed application forms to:  
**alexandra@the7starsfoundation.co.uk**

**FOR OFFICE USE ONLY**

Date Received:

\_\_\_\_\_

Application No:

\_\_\_\_\_

Name of Grant Seeking Individual:

\_\_\_\_\_

Supported by a UK registered Charity

Yes  No

**Please provide details about the young person:**

1. Full Name:

\_\_\_\_\_

2. Main Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Contact Details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please provide your details as sponsor:**

Title:

\_\_\_\_\_

Name:

\_\_\_\_\_

Role:

\_\_\_\_\_

Tel. Number Day:

\_\_\_\_\_

Evening:

\_\_\_\_\_

Mobile:

\_\_\_\_\_

Fax Number:

\_\_\_\_\_

Email:

\_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. How long have you known the young person and in what capacity?

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5. Please use the space below to outline the challenges the young person faces, and how this application relates to one of the topics important to the7stars foundation: H/A/A/CC

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6. How will support from us, develop the young person's potential, further their opportunity, promote fairness and create impact?

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7. How will support from us combat the challenges the young person is experiencing?

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8. What are the results/achievements you hope for as a result of our support?

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9. Please indicate additional funds applied for in conjunction with this application.

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Name of funder

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Amount applied for

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Purpose of grant

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Successful

Yes  No

Date

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10. Please provide us with a breakdown of the expenditure attached to this application. You may attach a separate excel sheet detailing the budget to this form.


#### DECLARATION

**I confirm that I am authorised to make this submission and sign this declaration. I understand and agree to the following conditions should any grant be made.**

1. I certify that the information contained in this application is correct.
2. If the information in the application changes in any way, we will inform the7stars foundation immediately.
3. If successful I will not use the grant for any other purpose other than that specified on the award letter without first contacting the7stars foundation to seek authorisation.
4. If successful I will provide copies of documentation to prove my identity as requested by the7stars foundation, I have read the Data Protection Statement adhered to by the7stars foundation and understand why these documents are required and how they will be used.
5. I will endeavour to uphold and respect the7stars foundation's reputation and ethos.
6. I agree for the7stars foundation to use details about any award granted for promotional purposes.



**Contact confirmation:**

(Person completing this application)

Signature:

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Print Name:

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Position:

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Date

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Please note the sponsor will be asked to sign the following statement: *"I know the applicant, have read the application and support this request for funding. I am willing to be contacted to discuss this application and at a later date to comment on the grant, if this application is successful"*.