



GRANT APPLICATION FORM

Patient name: Age:.....

Diagnosis: Parent/carer name:

Address:
.....
..... Postcode:

Grant applied for:

- Bereavement Transplant Equipment Treatment
Care needs Financial hardship

I understand that help from ALD Life is discretionary and subject to funding. There is no entitlement to a grant and all cases are assessed on an individual basis. I understand that ALD Life will investigate any allegations of misuse of grants or fraud and will prosecute if there is sufficient evidence to prove that fraud has been committed. I understand that ALD Life may use, with my permission, information regarding our grant application as a case study for future funding and awareness.

Name: Date:

Signature:.....

IMPORTANT:

Please ensure you include with your application all copies of paperwork required as per our Grant Giving Policy. Without the relevant paperwork we will be unable to process your request.