



A charity to promote awareness, research and prevention of adrenoleukodystrophy

GRANT APPLICATION FORM

When considering applying for a grant from ALD Life, please ensure that you can provide all relevant documentation as outlined in the checklist at the end of this form in accordance with the ALD Life Grant Giving Policy.

Please ensure that you are eligible for a grant in accordance with the ALD Life Grant Giving Policy before applying for a grant.

RECIPIENT AND APPLICANT DETAILS

RECIPIENT NAME _____ DATE OF BIRTH _____

APPLICANT NAME _____ RELATION TO RECIPIENT _____

RECIPIENT ADDRESS _____

_____ POSTCODE _____

APPLICANT ADDRESS (if different) _____

_____ POSTCODE _____

EMAIL ADDRESS _____

RECIPIENT DIAGNOSIS AND NOTES ON CONDITION _____

GRANT TYPE:

BEREAVEMENT	
BONE MARROW TRANSPLANT/GENE THERAPY	
EQUIPMENT/TREATMENT	
FINANCIAL HARDSHIP	
TRAVEL	

1. Please give more information on what this grant would be used for

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2. How will this improve your ability (or the recipient's ability) to cope with ALD/ AMN? *(Not applicable for bereavement grant)*

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3. What is the total amount needed? *(Not applicable for bereavement grant)*

£

4. Have you applied for any statutory funding, or to any other trusts or charities, for help with this amount? If so, what was the outcome of this? *(Not applicable for bereavement grant)*

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5. What is your contribution to the cost of this item? *(Not applicable for bereavement grant)*

£

6. How much are you requesting from ALD Life? *(Not applicable for bereavement or bone marrow transplant/gene therapy grant, statutory £300 amount)*

£

FINANCIAL INFORMATION

Do you have any household savings, eg a current or savings account, ISA or Premium Bonds?

ACCOUNT TYPE:	AMOUNT (£)

Do you receive any of the following benefits? (*delete as applicable*)

BENEFIT TYPE	
Disability Living Allowance (DLA)	YES / NO
Personal Independence Payment (PIP)	YES / NO
Attendance Allowance	YES / NO

Please complete the following information about your household income and outgoings with either weekly or monthly figures (please specify)

WEEKLY

MONTHLY

INCOME	
Your earnings	£
Partner/spouse's earnings	£
Statutory or employer sick pay	£
Jobseeker's Allowance (JSA)	£
Employment and Support Allowance (ESA)	£
Severe Disablement Allowance/Incapacity Benefit/Income support	£
Working Tax Credit	£
Child Tax Credit	£
Child Benefit	£
Carer's Allowance	£
Universal Credit	£
State retirement pension(s)	£
Occupational or private pension(s)	£
Pension Credit	£
Contribution to your income from family members/lodgers etc	£
Any other income (please list below)	
	£
	£
	£
TOTAL	£

OUTGOINGS	
Mortgage/endowment	£
Rent (after benefit)	£
Council Tax (after benefit)/Rates (in N.I.)	£
Utilities (electricity, gas, water)	£
Any other outgoings (please list below)	
TOTAL	£

CHECKLIST

Please check that your application includes all required documents in accordance with the ALD Life Grant Giving Policy and the requirements of the type of grant applied for, with the help of the checklist below:

All grants	Letter from doctor or medical professional confirming diagnosis	
All grants	Current bank statement including any savings accounts	
All grants	Proof of any disability benefits or low-income benefits	
Bereavement	Copy of death certificate stating ALD as cause of or contribution to death	
Bone Marrow Transplant/Gene Therapy	Copy of letter from Consultant confirming that BMT/Gene Therapy is being undertaken to treat ALD	
Equipment/Treatment	Invoice/estimate for goods or treatment needs before they are ordered	
Equipment/Treatment	Letter from doctor or medical professional stating necessity of equipment/treatment and that it is not available on the NHS	
Financial Hardship	Evidence that help has been sought through statutory Government agencies/other charities	

DECLARATION

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.

To the best of my knowledge, the information supplied in this application is correct, complete and accurate.

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. When completed, please return this application form by email to karen@aldlife.org.