Application for Personal Funding

Please complete all requested details on Pages 1-3 within the grey shaded boxes.
Email your completed form to applications@mlof.co.uk

Personal Details

Application #

Title:	First Name:	Last Name:

Home Address:	
Post Code:	**Date of Application:**

Best Contact No:	Email:

Confidentiality & Data Protection (GDPR)

Malmesbury League of Friends ("MLOF") takes your privacy seriously. Any personal and financial information provided in this application will be treated as strictly confidential.

Your information will be used solely for the purpose of assessing your client's application for financial assistance and, if appropriate, administering any grant awarded. Information will only be shared with MLOF trustees and advisers where this is necessary to evaluate or manage your application.

MLOF processes personal data in accordance with the UK General Data Protection Regulation (UK GDPR) and the Data Protection Act 2018. Your data will be stored securely and retained only for as long as necessary for charitable, legal, and audit purposes.

By submitting this application, you confirm that the information provided is accurate to the best of your knowledge and that you consent to MLOF holding and processing your personal data for the purposes described above.

I confirm that I have read and understood the confidentiality and data protection statement above and consent to the processing of my personal data as described.

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Applicant's Name: **Date**

Signature:

1. Have you either directly or indirectly benefited from a previous donation provided from MLOF?

   ☐ Yes ☐ No

   If **Yes** – please provide details on the Supporting Notes Page at the end of this application.

2. Please supply details of applications made, and all payments received from other professionals or organisations, such as your client's GP, school, CAB, DHSS or any other charitable organisation.

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3. Please provide brief details explaining the reasons for your ap
requested amount. If you require further If you require further space for your
explanation, please use the Supporting Notes Page at the end of this application

4. If your application is successful, please provide the name of the company(s) supplying the equipment or the service, specifying the exact payee's name, to whom the cheque or transfer would be made payable to:

Company Name		Payee	
Contact Tel:		Email	

Company Name		Payee	
Contact Tel:		Email	

5. Personal Details

MLOF 2019: PAF MAR 2026
Charity No: 261 801 – The Coach House, Foxley Road, Malmesbury, Wiltshire, SN16 0JQ

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Applicant & Partner/Spouse (If applicable)
Monthly Income

Salary (s)	
Benefits(s)	
Pension (s)	
Savings/Investments	
Total Income (A)	£

Applicant & Partner/Spouse (If applicable)

Monthly Expenditure

Rent/Mortgage	
Council Tax	
Utilities (Oil/gas/electric/water) combined	
Telephone/Broadband/TV Subscriptions	
Travel Expenses (excluding reclaimable)	
House Keeping	
Insurances	
Debt/Loan Repayments	
Total Expenditure (B)	£

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A-B	£	0

Supporting Notes – Please use this space to provide any additional notes in support of this application

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MLOF Admin Only:

Date Received

Pending ☐ Awarded ☐ Rejected ☐

Date Date

Managing Trustee Name: Authorised By:

Position: