



Application Form For Support

Date of application:

Name:

Address:

Job title/position:

Contact number:

Email address:

Are you applying for yourself or on behalf of someone else?

If someone else, please provide details:

Beneficiary name:

Relationship to applicant:

Reason for application:

Please be as detailed as you can and demonstrate clear evidence of the issues faced.

What type of support would help to ease this difficulty?

Examples might include financial grants, provision of medical or welfare resources, donations to other charitable events, and payment of professional services.

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How would the support provided by Pure Wishes help to ease this difficulty?

Would support need to be provided on a short or long term basis?

- One-off
- During a set period from to
- Ongoing support (weekly, monthly, annually, quarterly, for example.)

Please provide more details about the dates, frequency and duration of the support required:

Any other information that you think would help to support your application:

Supporting evidence will need to be provided, please attach any documents that support this case. Please list details of the supporting evidence that can be provided:

Thank you. Please return your completed application to hello@purewishes.org

All applications for aid and support will be handled confidentially and assessed on a case by case basis by the Pure Wishes trustee board, to determine if the circumstances where relief might be granted meet the criteria of eligibility. The board will also determine if the grant of such aid and support would fulfil Pure Wishes charitable aims and objectives.

In the event that an award is made, Pure Wishes will make arrangements to fulfil the support specified.

We will get back to you with a decision, and more information about what happens next.