

**LAKELAND DISABILITY SUPPORT**  
**(Registered Charity No. 1102609)**

**APPLICATION FORM**

NAME & ADDRESS OF .....  
PERSON OR ORGANISATION .....  
MAKING THE APPLICATION: .....

RELATIONSHIP TO THE  
APPLICANT: .....

FULL NAME & ADDRESS OF APPLICANT  
IF DIFFERENT FROM ABOVE .....  
.....  
.....

E-MAIL ADDRESS .....  
DATE OF BIRTH .....

DETAILS OF DISABILITY:.....  
(Please attach supporting .....  
evidence such as a letter .....  
from your GP, hospital or .....  
social worker)

DETAILS OF THE PURPOSE .....  
FOR WHICH APPLICATION .....  
IS MADE: (including how .....  
much it will cost in total ) .....  
.....

AMOUNT BEING APPLIED FOR: .....

ARE YOU APPLYING TO ANY OTHER ORGANISATION FOR A GRANT ? YES / NO  
IF SO, FOR HOW MUCH? .....

SIGNATURE OF APPLICANT .....DATE.....

**Please return this form, fully completed, to reach the correspondent well before the end of March, June, September or December, as appropriate for the next meeting of the Trustees**

**Please send the completed form to:**

**The LDS Correspondent  
46 Victoria Road North  
Windermere,  
Cumbria LA23 2DS**

**For Trust use only**

Date received

Date approved/declined

Amount approved

Further information required