



Horshader Community Development

Application to the Hardship Fund

SCO41092

First name:			Surname:			Date of birth:		
Address:								
Telephone no:			Email:			Are you a member of the Horshader Trust? Yes / No		
Have you received any income from current employment or other sources of income within the past year? Yes / No			Do you have any other sources of income?					
Please state your personal reasons for requesting financial support:								
DECLARATION: I hereby confirm that the information I have provided is true and correct to the best of my knowledge								
Signature _____						Date _____		