



# The Betty Ross Trust

Charity Number SCO44612

## APPLICATION FORM

The Betty Ross Trust has been established to provide financial assistance for such charitable purposes as the Trustees think appropriate or to such charitable institutions, societies, foundations or funds, with the primary purpose being the relief of those in need by reason of age, ill-health, disability or other disadvantage in the Perthshire area.

The Betty Ross Trust aims to provide assistance to the elderly and the disabled and those in need. This can be through the provision of funding or other assistance, such as equipment and help so that people remain in their own home for as long as possible.

The Trust will consider funding equipment such as mobility equipment, a hospital bed for the home, special chairs and the provision of funding for adaptations to the home or garden. Other applications that would be considered could, as an example, include support to look after pets during confinement.

Applications that have been successful have included Grants to purchase magnifying equipment, mobility scooters, bed chairs, specialist beds, modifications to the home and garden and the funding of wireless sets for the British Wireless for the Blind Fund

Please note:

- *All purchases must be through a reputable dealer and receipts of purchase submitted to the Trust.*
- *The Trust cannot fund applications that do not meet its criteria.*

Funding and help is available both to organisations and individuals and the Trust hopes to be able to distribute £35,000 - £40,000 annually. The Trust will consider funding to a maximum of £5,000 per application, and there is no minimum application amount. Average grants are generally in the region of £3,000. Supporting documentation will be required.

We aim to advise applicants of the outcome within 2 months of receipt their application.



# The Betty Ross Trust

<b>Section 1 – Contact Details</b>	
<b>Applicants Name:</b>	
<b>Organisation Name:</b>	
<b>Charity Number:</b>	
<b>Companies House Number (if relevant):</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Email:</b>	
<p style="text-align: center;">Note:</p> <ul style="list-style-type: none"><li>• The applicant is the person making the application and will be the Trusts point of contact. The applicant does not have to be the benefactor of the funding/support.</li><li>• Non public sector organisations applying on behalf of those in need must provide their charity or companies House registration number as appropriate.</li></ul>	



# The Betty Ross Trust

## Section 2 – About you/the applicant

Is the application on behalf of an individual or group?

**Individual**

**Group**

### For Individual Applications

**Individuals Name**

**Address:**

**Telephone Number:**

**Is the individual disabled?**

Yes / No

**Is the individual in ill health?**

Yes / No

Please provide details:

**Individuals age**

Under 16

17 – 25

26 – 50

51 – 65

66 – 75

Over 76

**Any further information relevant to this application:**



# The Betty Ross Trust

## SECTION 3 – Purpose

**Please tell us the purpose that the funding is being requested for:**

**How will this enhance the quality of life of those in need by reason of age, ill-health, disability or other disadvantage in the Perthshire area?**



# The Betty Ross Trust

## Section 4 – Financial Information

What is the total cost of the project?

How much is being requested?

What other funding (if any) has been secured and from whom?  Include details of any personal contributions you are making.	Funding Source	Amount

For what purpose will the funds be used?*	List equipment/activity	Quote available	Amount
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	
		Yes/No	

Any further financial information relevant to this application

### NOTES:

- \* For the purchase of equipment or for alterations/adaptions please attach quotes received.
- \* If the funding applied for will not meet the costs of the project please explain how the difference will be met.



# The Betty Ross Trust

Section 5 - Declaration			
I confirm that the details with this application are true and accurate			Please tick
I confirm that I have the legal authority to make this application on behalf of the named individual /group			Please tick
<b>Name (Print)</b>			
<b>Signed</b>		<b>Date</b>	

Completed application forms should be returned to:

The Betty Ross Trust C/o PKAVS Carers Centre, Lewis Place, Perth, PH1 3BD



*If you, or the person you are applying on behalf of, have caring responsibilities for a family member, neighbour or friend please call PKAVS Carers Centre on 01738 567076 or email [carershubadmin@pkavs.org.uk](mailto:carershubadmin@pkavs.org.uk) to find out what support may be available.*