



GRANT APPLICATION FORM

Before completing your application, please check that it meets the following conditions:

The funds are for the benefit of an individual or group living or operating in Meltham, Meltham Mills, Wilshaw and Helme in order:

- to alleviate individual hardship;
- to support an individual activity that promotes health & wellbeing or broadening of experience;
- to support a group or organisation in activities benefiting the local community.

Please note that we keep all individual applicants' information confidential. We publicise only the names of groups that receive a grant.

NAME OF INDIVIDUAL/GROUP _____

GROUP CONTACT NAME: _____

Address _____

Email Address _____ **Phone No.** _____

REASON FOR APPLICATION: (you can add additional sheets or enclose further evidence)

HAVE YOU APPLIED BEFORE? IF SO, WHEN? IS THIS APPLICATION FOR SOMETHING DIFFERENT?

THE CROSSROADS



Registered Charity No 1079071

MINIMUM AMOUNT REQUIRED:

£ _____

Please attach a breakdown of cost. Provide as much detail as you can to support your application.

DATE FUNDS REQUIRED BY:

Signed by (applicant/representative):

Date of application:

PAYMENT DETAILS (if your grant application is successful):

We pay all grants by bank transfer or, exceptionally, by cheque for which you must provide an appropriate payee name.

Bank Name _____

Account Name _____

Sort Code ____ - ____ - ____

Account Number _____

PLEASE SPEAK TO THE STAFF IN THE CROSSROADS CENTRE IF YOU NEED HELP WITH THIS FORM.

WE MAY CONTACT YOU FOR FURTHER INFORMATION BEFORE THE PANEL MEETS.

PLEASE RETURN THE FORM BY 21st NOVEMBER 2025

TO: FAO Anne Halstead, The Crossroads Centre, The Old Town Hall,
26 Huddersfield Road, Meltham, Holmfirth HD9 4EG

ALL APPLICATIONS ARE ACKNOWLEDGED. IF YOU HAVE NOT RECEIVED AN
ACKNOWLEDGEMENT, PLEASE CHECK WITH US BEFORE THE DEADLINE.

Application forms can also be submitted via email to:

grants@thecrossroadsproject.co.uk