**Expect Youth Fund Application Form**

The Objects of the Expect Youth Fund are to:

Support children and young people aged 5 – 18, or up to 25 for adults with Special Educational Needs, focusing on grassroots community groups tackling issues affecting the most vulnerable sections of the community.

|  |  |
| --- | --- |
| Organisation name |  |
| Organisation address including postcode |  |
| Contact name and role |  |
| Contact telephone number |  |
| Contact email address |  |
| What would you use the £1,000 for? |  |
| Bank Account details |  |
| Name of bank |  |
| Sort code |  |
| Account number |  |
| Account name |  |

Signed by: Date:

Role:

**Please submit with your application proof of your bank account.**

This will need to include the account name, sort code, account number and bank name. Please do not include any financial details of your organisation with this information.

Please return your completed form and bank details to Michelle Dickinson, Head of Philanthropy & Programmes E: [mdickinson@sycf.org.uk](mailto:mdickinson@sycf.org.uk)