

SECTION E

16 Is there someone, other than a family member that we may approach who would be willing to support your application? Please give name, address and telephone number.

Name: _____

Address: _____

Telephone: _____

17 Are you currently a member of, or have you ever attended a community or voluntary group offering support to victims and survivors? Please give details:

18 If your application is successful and you wish your payment to be made to a third party please give their details.

Name: _____

Address: _____

Telephone: _____

19 Do the children you are claiming for reside with you?

Yes No

If you have answered 'no' please provide the name of the person with whom the children reside:

Name: _____

Do you give your permission for the payment to be made to this person?

Yes No

Please note that failure to disclose this information will result in disqualification from future Back to School Schemes.

I AM ENCLOSING A PHOTOCOPY OF A BIRTH CERTIFICATE IN RESPECT OF EACH OF MY CHILDREN.

ALL APPLICANTS

I submit this application for consideration and declare that the information I have given is true and correct. I understand that applying to this scheme does not guarantee the award of a grant. I give my permission for the Northern Ireland Memorial Fund to seek external confirmation or clarification regarding the information I have provided. I understand that if any of the information I have provided is found to be false, I will be disqualified from applying to this and future Memorial Fund Schemes.

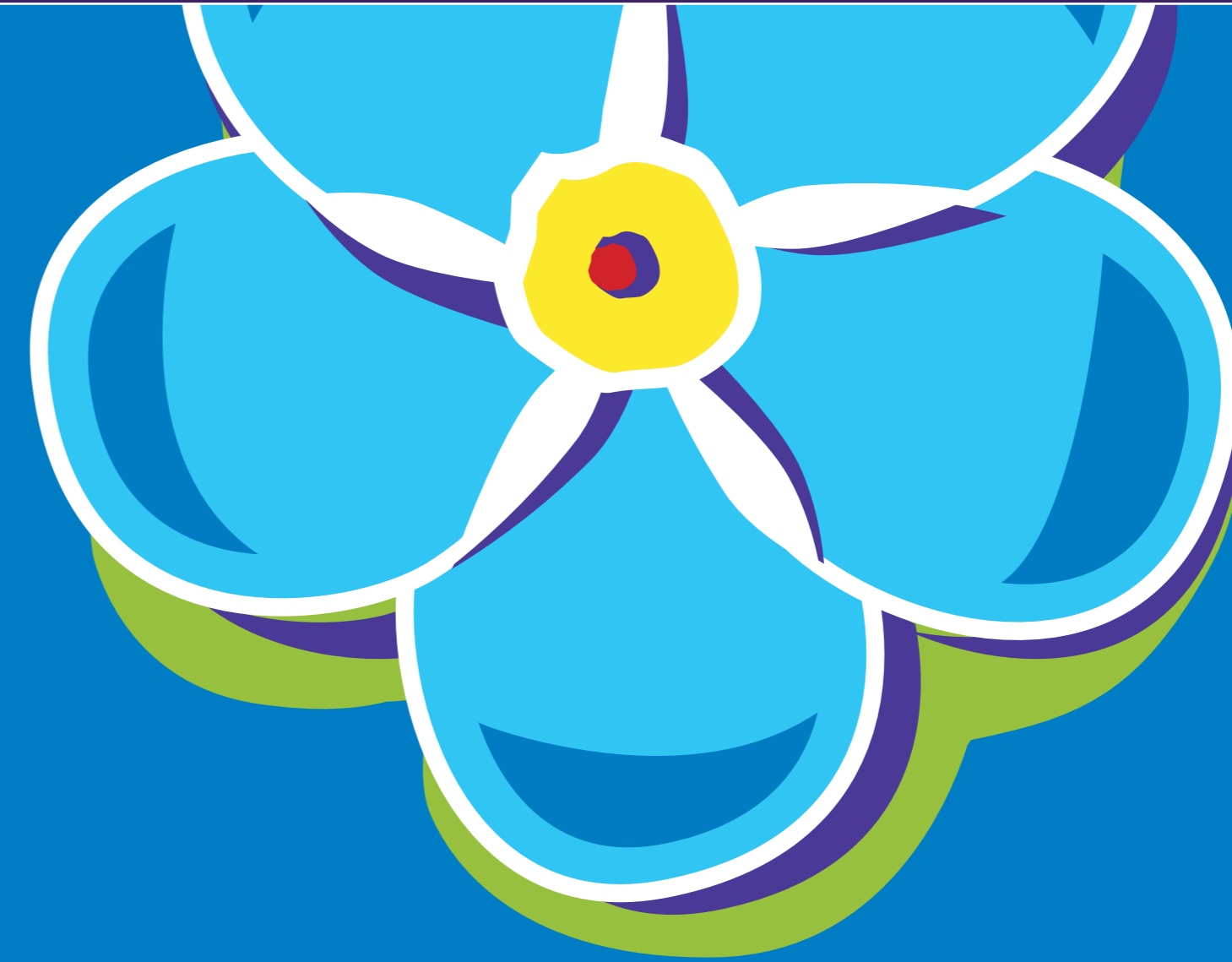
Please return completed application forms to:

The Northern Ireland Memorial Fund
Grants Office
Unit 1, 33 Massey Avenue
Belfast BT4 2JT

T: 028 9076 1166 F: 028 9076 1144 E: nimfgao@belfast.org.uk

Charity Ref: XR31751

Applicant's Signature: _____ Date: _____



Grants Administration Office, Unit 1, 33 Massey Avenue, Belfast BT4 2JT
Tel: 028 9076 1166 Fax: 028 9076 1144
Email: nimfgao@belfast.org.uk

Head Office: Unit 1, 33 Massey Avenue, Belfast BT4 2JT
Tel: 028 9076 1166 Fax: 028 9076 1144 Email: nimf@nics.gov.uk



What is the Northern Ireland Memorial Fund?

The NIMF is an independent charity that seeks to promote peace and reconciliation by ensuring that those who suffered as a result of the 'Troubles' in Northern Ireland are remembered, by providing them with help and support in a practical and meaningful way.

What is the Back to School Grant Scheme?

The Back to School Grant Scheme has been introduced by the NIMF to help those who have been affected by the 'Troubles' by providing financial assistance to purchase school uniforms and help meet other costs associated with the start of the school year.

The scheme will run from 1 June to 30 Sep 2009. Applications will not be accepted outside this period.

Who can apply?

The Back to School Grant Scheme is open to parents who have children aged 18 or under in full time education living at home with them and who, as a result of the 'Troubles', have:

- (a) lost a parent, partner or child, or
- (b) themselves been physically injured and the injury has had a long-term and current effect on their physical wellbeing or mobility or have been clinically diagnosed with Post Traumatic Stress Disorder and have not recovered, or
- (c) become the registered primary carer for an immediate family member who has been physically injured.

How much can I apply for?

If eligible, a grant of £75 will be awarded for primary school children and £150 for secondary/grammar school children. Grants will be restricted to a maximum of one award per child in any 12 month period. A maximum amount of £500 will be awarded per family. Parents of children over the age of 16 will be required to produce a letter from school to prove that the child is returning to school.

What can I apply for?

Typical examples of what the grant covers might include school uniforms, PE kit, coats, shoes, schoolbags and books.

If I meet the criteria will I automatically receive a grant?

Applying to the NIMF Back to School Grant Scheme does not guarantee the award of a grant. All applications will be assessed on the information available, and all awards will be discretionary. Receiving a grant does not automatically guarantee you will receive further grants should you apply to the scheme in subsequent years.

How will the scheme work and how will my application be assessed?

When you submit a completed application form and the details provided have been confirmed, the Fund may in certain cases write to your GP, the police or other external source to seek supporting evidence or further clarification regarding your circumstances.

You will need to send a photocopy of a birth certificate in respect of each child that you are applying for.

Your application form together with any necessary supporting evidence will then be considered against the criteria determined by the Directors of the Fund.

What will happen if my application is successful?

If your application is successful the Northern Ireland Memorial Fund will write to you with details of the award.

What will happen if my application is unsuccessful?

The Grants Office will treat all applications fairly and sympathetically, but it is important that applicants satisfy themselves that they meet the criteria before they apply, so as to avoid unnecessary disappointment. If, however, your application is unsuccessful, you will receive a letter explaining why the grant could not be awarded.

How do I apply?

If you believe that you meet the criteria, complete and return the attached application form to the address below.

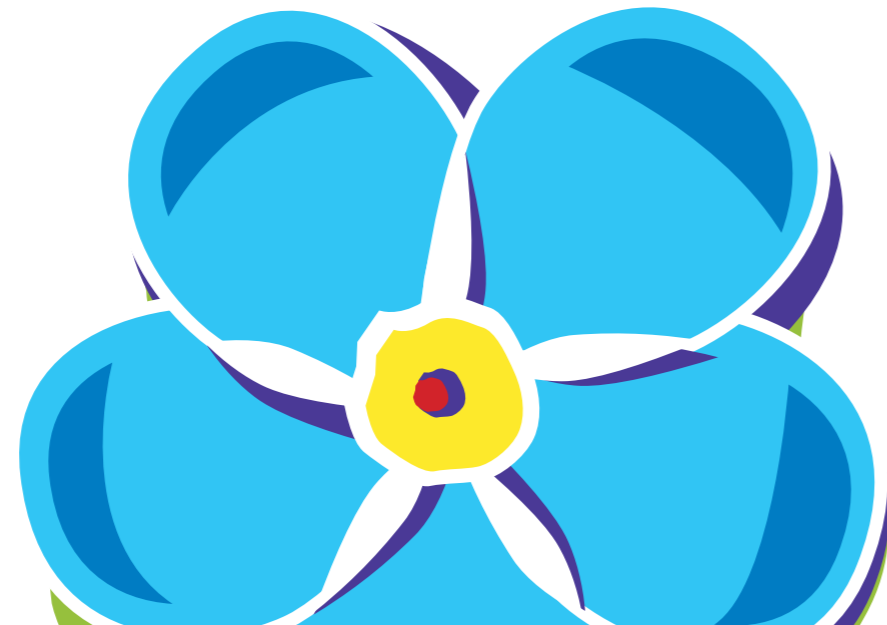
If you are unsure if you are eligible, or if you need help to complete the form, please contact the Grants Office on 028 9076 1166.

Alternatively you can write to:

The Northern Ireland Memorial Fund
Grants Administration Office
Unit 1, 33 Massey Avenue
Belfast BT4 2JT

Email: nimfgao@belfast.org.uk

Charity Ref: XR31751



APPLICATION FOR BACK TO SCHOOL GRANT SCHEME

SECTION A

- 1 Name: _____
- 2 Address: _____
- 3 Postcode: _____ 4 Telephone No: _____
- 5 Date of Birth: _____
- 6 Have you previously applied to a Northern Ireland Memorial Fund Scheme?
- Yes No

If you have previously applied to a Memorial Fund scheme, you need not complete sections B, C or D, as we should have these details on a previous application form. However, please feel free to complete the relevant section if your circumstances have changed or you have any further information to add.

If this is your first application to a Memorial Fund scheme, you must complete all relevant sections of the application form.

- 7 Are you:
- (a) Bereaved? (now complete Section B)
- (b) Injured? (now complete Section C)
- (c) Primary Carer? (now complete Section D)

Please Note: If you are applying to this scheme under the bereavement criterion, please provide either a copy of your long birth certificate and/or marriage certificate, whichever shows your relationship to the deceased. (The Grants Office will be unable to process your application until this has been received).

SECTION B

- 8 Please give the full name(s) and date(s) of birth of the deceased, and your relationship to them.
- Name(s): _____
- Date(s) of birth: _____
- Relationship: _____
- 9 Please explain the circumstances in which you were bereaved and the date(s) and place(s) of the incident(s).
- _____
- _____
- _____
- _____
- _____
- _____

(PLEASE GO TO SECTION E)

SECTION C

- 10 Please describe the nature of your injury and the date, place and circumstances of the incident.
- _____
- _____
- _____
- 11 Please give the name, address and telephone number of your GP.
- Name: _____
- Address: _____
- Telephone: _____

(PLEASE GO TO SECTION E)

SECTION D

- 12 If you are a Carer, please give the full name, address and date of birth of the person you care for, and your relationship to that individual.
- Name: _____
- Address: _____
- Date of Birth: _____ Relationship: _____
- 13 Please describe the nature of their injuries and the date, place and circumstances of the incident.
- _____
- _____
- _____
- 14 Please give the names, addresses and telephone numbers of both GP's.
- | | |
|------------------|------------------|
| Carer | Injured |
| Dr: _____ | Dr: _____ |
| Address: _____ | Address: _____ |
| Telephone: _____ | Telephone: _____ |

SECTION E

- 15 How many children do you have living at home with you who are in full time education? Please give their name(s) and age and the type of school they are attending.
- | | | |
|-------|-------|-----------------------------------|
| Name | Age | School: Primary/Secondary/Grammar |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
- Telephone number of school(s): _____

PLEASE NOTE: PHOTOCOPIES OF EACH CHILD'S FULL BIRTH CERTIFICATE MUST BE SUBMITTED WITH THIS APPLICATION BEFORE IT CAN BE ASSESSED. YOU SHALL NOT BE REQUIRED TO FORWARD COPIES IF YOU HAVE PREVIOUSLY APPLIED TO THE SCHEME FOR THE SAME CHILDREN.