



# Manchester's Rising Stars Fund Application Form



**Providing financial support to ambitious young Mancunians to take their next steps into education, work or training.**

Before completing this application, please read the guidance.

If you require further information or advice before applying, please contact us.

Please return your typed completed application form to us via email - [welovemcrcharity@manchester.gov.uk](mailto:welovemcrcharity@manchester.gov.uk)

**The information you provide will be treated confidentially within the Charity.**

## Section 1: Applicant Details

(To be completed by the young person who is applying)

**Full name:**

**Date of birth:**

**Email:**

**Address &  
postcode:**

**Contact Tel  
Number:**

**School/College  
or place of work:**

**Name of  
course and  
Level of study:**

# Section 2: Personal Statement

(To be completed by the young person who is applying)

Please tell us here about your **ambition** and your **future plans**. Tell us where you see yourself in ten years time.

Please also tell us about your personal circumstances (including your current financial situation) and **why you need financial support to access the items/support requested**.



# Section 3: Grant Information

(To be completed by the young person who is applying)

**Amount requested:**

**What will you use the grant for:**

**Please tell us how the support you are requesting will help you make progress in your ambition**

**If you are asking for money for a specific item can you tell us how it is value for money?**

**Please include a quote(s) for your requested item/s - links to websites are fine.**



# Section 4: Supporting Statement from Referee

(To be completed by referee who is supporting your application)

Name & Position:	
Email:	
Telephone:	

Please provide a short statement supporting the Applicant's request for funds, also commenting on their current financial situation where known.



## Section 5: Declaration

I declare that the information given in this application is accurate:

Applicant Name:

Signature:

Referee Name:

Signature:

We need to promote the good work we do. This helps us to attract more applications for grants from young people. If your application is successful, would you be happy for We Love Manchester Charity to use your story as a case study for promotional purposes? (We can anonymise your details if this is necessary):

Yes

No

Can you please tell us where you heard about the Manchester's Rising Stars grants?:



# Equality Monitoring Form

We try to be as inclusive. We need to understand the background of applicants to make sure we succeed in this, so we would like to ask you some questions about you.

These questions are optional, you do not have to answer, and they will not impact on your application in any way. All responses will remain confidential. Thank you for your help.

## Gender:

### What is your gender?

Female:      Male:      Other:      Prefer not to say:

## Gender Identity:

### Do you identify with the gender you were assigned at birth? (e.g. male or female)

Yes:      No:      Prefer not to say:

## Age:

### What is your age?

## Ethnic Origin:

### I would describe my ethnic origin as:

#### Black / African / Caribbean or Black British

Caribbean

Somali

Other African background (please specify) \_\_\_\_\_

Other Black background (please specify) \_\_\_\_\_

#### Asian or Asian British

Bangladeshi

Chinese

Indian

Kashmiri

Middle Eastern

Pakistani

Vietnamese

Other Asian (Please specify) \_\_\_\_\_

#### White

White – English / Welsh / Scottish / Northern Irish / British

White – Irish

White – Gypsy / Irish Traveller

Roma/Romani Traveller

Other White (Please specify) \_\_\_\_\_

#### Mixed / Dual Heritage

White and Black Caribbean

White and Black African

White and Asian

Other Mixed Origin (Please specify) \_\_\_\_\_

Other Any \_\_\_\_\_

#### Prefer not to say



## Disability

**Do you consider yourself to be a disabled person?**

Yes:            No:            Prefer not to say:

Please use this space if you would like to give more information:

## Sexual Orientation

**I would describe my sexual orientation as:**

Lesbian:            Gay:            Bi-sexual:            Heterosexual/Straight:

Other (Please Specify)

Prefer not to say:

## Faith

**Do you identify with any religion or belief?**

Yes (Please specify below):            No:

Christian (Including Church of England; Catholic; Protestant and all other Christian denominations):

Buddhist:            Hindu:            Sikh:            Jewish:            Muslim:

Any other Religion (Please Specify):

Prefer not to say:

## Caring Responsibilities

**Do you have caring responsibilities? If yes please tick all that apply.**

None

Primary carer of a child/children (under 18)

Primary carer of disabled child/children

Primary carer of disabled adult (18 and over)

Primary carer of older person/people (65 and over)

Secondary carer

Prefer not to say

**Thank you and good luck!**



 [welovemcr\\_charity](#)  [mcr\\_charity](#)  [WeLoveMCRcharity](#)

**Telephone: 07929 823375    Email: [welovemcrcharity@manchester.gov.uk](mailto:welovemcrcharity@manchester.gov.uk)**