



Manchester's Rising Stars Fund Application Form

Providing financial support to ambitious young Mancunians to take their next steps into work, qualifications or business.

Before completing this application, please read the guidance notes on the We Love MCR Charity website. 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

The information you provide will be treated confidentially within the Charity. Handwritten applications will not be considered.

Eligibility	
(You must be able to tick at least three boxes to be eligible for the fund)	
Are you aged 15 – 22?	
If you are aged between 23 and 25 , have you experienced homelessness?	
Do you live in Manchester* , and have done so for more than 3 years? (*see Guidance) Still tick this box if you are a Manchester Looked After Child, an asylum seeker or refugee.	
Do you have a referee who endorses your application and knows you professionally?	
*Only for university students:	
Were you a Manchester* resident before studying at the city's universities? (*see Guidance)	

Section 1: Applicant Details (To be completed by the young person who is applying)		
Full name:		
Date of birth:		
Email:		
Address & postcode:		
Phone number:		
School/college or workplace:		
Course & level: If studying		



Section 2: Personal Statement

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

Part A: Your ambition

(The information you write here will give us background on why you're applying for the grant, so we can understand your ambition and your next steps to success.)

A1: Please tell us what your realistic ambition for success is.

What are your future plans, i.e. where do you see yourself in ten years?

maximum 250 words

A2: Please tell us what your next step to success in that ambition is, and how you plan to reach it through work, qualifications or entrepreneurship.

maximum 400 wor<u>ds</u>



	oing you take your next step to success.)
B1: Please tell us about your financial circumstances (personal and family), to explain why you are unable to pay for the resources you need. maximum 500 words	
B2: University students only. Can you demonstrate you have exhausted all opportunities to raise additional funds beyond a Student Loan? e.g. working part-time (unless prevented by caring responsibilities) maximum 200 words	
B3: Explain how receiving this award would make a difference to you progressing in your ambition. maximum 250 words	
Please note we will ask for proof of your financial circumstances at a later point.	

This must be verifiable documentation relating to what you write in B1, e.g. Universal Credit/PIP payment, Council Tax bill, parent's employment etc. For B2, wage slips, banks statements etc.

Part B: Your circumstances



Section 3: Grant Information

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

3.1: What is the total
amount requested?
3.2: What will you use
the grant for?
Please list each item,
its cost and purpose,
followed by where it
can be bought.
TC 1 : C
If applying for a
specific item, please tell
us how it is appropriate
for your next step and
value for money.
You must provide exact
item names and prices.
For each item please
include website links or
quotes.
quotes.



Section 4: Supporting Statement from Referee

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

Full name:	
Position & organisation:	
Email:	
Phone:	
	oe your relationship to the Applicant, how long you have ow that relates to their application?
4.2: Can you provide a stat ambition, next steps and r	ement explaining why you endorse the Applicant's equest for funds?
4.3: Can you please commo	ent on their current financial situation, where known?



Section 5: Declaration

Applicant Name: Referee Name: Signature: Signature: It is vital for us to promote the good work we do. This helps us to attract more applications and receive more donations, to support even more young Mancunians. If your application is successful, would you be happy for We Love Manchester Charity to use your story for promotional purposes? We can anonymise your details if you wish. Please put an 'X' on your answer: Yes No Where did you hear about the Manchester's Rising Stars grants?:	I declare that the information given in this application is accurate:		
It is vital for us to promote the good work we do. This helps us to attract more applications and receive more donations, to support even more young Mancunians. If your application is successful, would you be happy for We Love Manchester Charity to use your story for promotional purposes? We can anonymise your details if you wish. Please put an 'X' on your answer: Yes No	Applicant Name:	Signature:	
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Please see next page for the Equality Monitoring Form, to be filled in by the Applicant.





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: Gav: Bisexual: 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):

Jewish: Muslim: Buddhist: Hindu: Sikh:

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



