**GRANTS FOR AUTHORS**

Private and confidential

Please ensure that a covering letter accompanies this form, and that both sides are complete.

Please return to The Society of Authors, 84 Drayton Gardens, London SW10 9SB or [grants@societyofauthors.org](mailto:grants@societyofauthors.org)

|  |  |
| --- | --- |
| Name: | Pen name (if any): |
| Address & Email Address:: | |
| Telephone no.: | Date of birth: |
| Town & country of birth: | Nationality: |
| Do you live with a spouse / partner? | |
| Age and circumstances of children, if any; are they dependent on you? | |
| Are any others dependent on you? If so, please give details: | |
| What is your state of health? | |

Financial Details (Income)

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| --- |
| Are you entirely dependent on your literary earnings? |
| If not, please list other sources of income: |

Please tell us:

1. The amount you received from literary earnings for each of the past three years:

|  |  |  |
| --- | --- | --- |
| 2017: | 2016: | 2015: |

1. The amount you received from other sources for each of the past three years and how it has been derived:

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| 2017: |
| 2016: |
| 2015: |

1. Your spouse/partner’s income for the past three years and how it has been derived:

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| --- |
| 2017: |
| 2016: |
| 2015: |

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| --- |
| What capital/savings do you have? |

Financial Details (Expenditure)

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| --- |
| Please summarise your annual rental / mortgage commitments: |
| Please summarise your other annual expenses/financial commitments: |
| Please give details of any outstanding debts: |
| Have you received in the past a grant from any literary or charitable fund? Please give full details: |
| Have you recently applied to any other literary or charitable fund? Please give full details: |

Literary Career

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| --- |
| Please give the name of your agent (if any): |

Please enclose a C.V. or give main titles of:

* Books, plays or articles you have had published, with names of publishers and year of publication
* Plays you have had performed, with the name of the theatre and year of production
* Radio and television scripts with the name of the broadcaster and year of broadcast

|  |  |
| --- | --- |
| Title | Publisher/Theatre/Broadcaster & Year |
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Details of any literary work on which you are engaged:

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| --- | --- |
| How did you hear about the SoA’s grants for authors? | |
| Please give the name, address and, where possible, telephone number, of one referee: | |
| Name: | Address/Tel no: |
|  | |

Declaration

|  |  |
| --- | --- |
| Signed: | Date: |

By signing you declare all the information provided above to be true to the best of your knowledge.