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**EXCEPTIONAL GRANT APPLICATION FORM**

ABOUT THE APPLICANT

* SURNAME: MR/MRS/MISS/MS
* CHRISTIAN NAME(S)
* FULL ADDRESS

CONGREGATION **CHEQUE PAYEE NAME**

* CHILDREN

Surname and Christian Name(s) Date of Birth School/College

RECOMMENDATION BY MINISTER

Please outline the purpose of the grant and the situation of the family on whose behalf application is being made (continue overleaf if required)

**I fully support this application.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed by Minister of Congregation Date**