

THE MARY BUDDING TRUST

Charity Number 1094213

**CONFIDENTIAL**

**Application for Grant Support from Professional**

***(eg. doctor, teacher, Key Worker, Clergy, Police, etc)***

*Please complete this application form answering all the questions as fully as you can.*

***The Trustees are sorry but they are unable to accept retrospective applications***

***Your name and position:******Full address, telephone number and email***

***:***

***Name of child/group or class:***

***Date of Birth/ Age range:***

***How would you describe the child(ren)’s special additional needs?***

***What resources do you require and how will they be used to effectively support the child(ren)?***

***What is the estimated cost?***

***Have you sought/are you receiving support for this provision from any other source?***

***(eg. School, Area Health Authority, other)***

***Please return the form to****:* *edwinarobinhill@outlook.com* **Or by post to:**

***Mr R J Hill, The Mary Budding Trust, Andrews Corner, Belstone, EX20 1RD***