



**THE MARY BUDDING TRUST**  
Charity Number 1094213



**CONFIDENTIAL**  
**Application for Grant Support**

*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 relationship to child:**

**Full address, telephone number and email:**

**Name of child:**

**Date of Birth:**

**How would you describe your child's special additional needs?**

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

**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)**

**Date form filled in**

*Please ask a member of the professional team that supports your child to fill in page 2 and return to the address at the end.*

## **Professional Note to Support Application for Grant**

**Name of Child:**

**I support this application to assist with his/her special additional need because:**

**Your name:**

**Designation:**

**Qualifications:**

**Name of organisation:**

**Full address, telephone number and email:**

**Date:**

**Please return the whole form to: [edwinarobinhill@outlook.com](mailto:edwinarobinhill@outlook.com)  
Or by post to:  
Mr R J Hill, The Mary Budding Trust, Andrews Corner, Belstone, EX20 1RD**