



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
Or by post to:
Mr R J Hill, The Mary Budding Trust, Andrews Corner, Belstone, EX20 1RD**