



**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.***

<b><i>Your name and relationship to child</i></b>	<b><i>Name of child</i></b>	<b><i>Child's Date of Birth</i></b>
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<b><i>Full Address</i></b>	<b><i>Telephone</i></b>
	<b><i>Email</i></b>

***How would you describe your child's additional need(s)?***

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

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

***Date form filled in***

***Have you sought/are you receiving support for this provision from any other source? (eg. School, Area Health Authority, other)***

***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 Grant Application**



**Name of Child**

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

**Your name**

**Designation**

**Qualifications**

**Name of organisation**

**Full address**

**Telephone**

**Email**

**Date**

**Please return the whole form to: [applications@marybuddingtrust.org.uk](mailto:applications@marybuddingtrust.org.uk)**

**Or by post to: Mrs S Pendle (Chair) The Mary Budding Trust, Upper Barn, Higher Parswell, Tavistock, PL19 8HR**

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