

*Please ensure that you read the [Criteria for grants](#) and [Submitting an application](#) before completing this form*

## PERSONAL INFORMATION

<b>Name of applicant</b>	
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<b>Parish</b>	
<b>Deanery</b>	
<b>Position held</b>	

### Personal details:

<b>Address</b>			
<b>Telephone (fax/e-mail)</b>			
<b>Date of birth</b>		<b>Marital status</b>	
<b>Dependants</b> (please list all dependants and give the ages of dependent children)			

### Purpose of grant requested

Provide here a brief summary of your requirements. Expanded information may be provided on page 3 of the form.

How much are you requesting from the Charity?

£

## FINANCIAL INFORMATION

*To assist the trustees in assessing your need, please provide the following information about your financial situation, including the annual income coming into your household from all sources in the current financial year:-*

<b>Income from all sources</b>	<b>Annual amount £</b>
Your stipend	
Any earned income in addition to your stipend (please specify)	
Total income from investments, savings or rental of property	
Any earned or unearned income of your wife	
Any earned or unearned income of your dependants	
Income from any other source (including state benefits and grants from elsewhere) (please specify)	
<b>Estimated total annual income of your household</b>	<b>£</b>

<b>How much does your parish contribute to your expenses</b>	<b>£</b>
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<b>Capital resources</b>	<b>£</b>
Estimated total capital/savings	
Approximate value of any property owned	
<b>Estimated total capital resources</b>	<b>£</b>

*If you wish to add any explanatory notes to this financial information, please  
Include these on page 3*

**DETAILS OF APPLICATION**

*Please give further information about your requirements and include any explanatory notes you wish to add in relation to the financial or other information provided.*

Have you included the following:-

*Estimate, letter or other documentary evidence of expenditure required*

*Letter of recommendation from someone who knows your circumstances*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**The completed form should be signed and returned,  
with any supporting information, to:**

**The Clerk,  
The John Rice Charity,  
13 Holywell Row,  
London, EC2A 4JF**