## The Christian Science Trust in Great Britain

**Registered Charity No. 215721** 

Please return this application by post or email to: PO BOX 828 GODALMING SURREY GU7 9HP administrator@trustbrit.org.uk

Telephone 01483 416309

## **APPLICATION FOR FUNDING SUPPORT**

For the Promotion of Christian Science and Extension of Church Activity  Please provide information in response to the questions. Use an extra sheet or insert any information you think would be useful to the Trustees when reviewing this application.  Please note that all expenditure should be supported by the relevant receipts in order for us to comply with UK charity law.							
	We take your privacy seriously, and we protect the information you give us carefully and lawfully. Occasionally we may need to verify aspects of your application with a third party. Please tick to confirm your agreement						
Cle Ma	plication from (branch or society): rk name and email address: iling address gistered Charity Number:						
1.	Describe project, objectives, and time frame.						
2.	How do you plan to evaluate the effectiveness of the activity or project?						
3.	If this is a building project, has the membership considered whether there is an alternative way forward? How does the building project benefit the local community and promote the cause of Christian Science?						

			Data the	T	<u> </u>		
	Item		Details		Cost		
	TOTAL COST						
4.	Amount you are requesting (please see attached guidelines).						
5.	What is the size of your branch membership?						
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6.	Has the membership voted in favour of the activity?						
7.	. Have you applied for (or are you receiving) funding from any other sources for this project and if so, how much?						
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8.	<ol> <li>Please comment on your financial situation and why assistance is needed.</li> </ol>						
9.	Please complete the	o following *					
۶.	riease complete the	FIGHOWING					
	i. Annual income	£	ii. Annual expenditure	£			
			1				
	iii. Account balance	£	iv. Investments	£			
*	Please notify Trustees if	there are changes to you	r financial circumstances durin	g the pe	riod of this application		
10. Contact for this application if different from Clerk.							
10. Contact for this application if unferent from Cierk.							
Name Email							
Dha	uno.						
riic	/IIC		··				
11. Date of Application							

3. Estimated cost of each aspect of the activity (please support with quotes where possible).