

**Private** – Information given in this application form will be regarded as confidential.

THE SOCIETY FOR THE BENEFIT OF SONS AND DAUGHTERS OF THE  
CLERGY OF THE CHURCH OF SCOTLAND ('The Society')  
(Constituted and Incorporated 1792: Reconstituted 1934)  
Scottish Charity Number: SC008760

**THE JOHN LANG MACFARLANE FUND**

On or before the **31 day of May** applications must be lodged with the Secretaries & Treasurers of the Society:

Azets  
Exchange Place 3  
Semple Street  
Edinburgh  
EH3 8BL

Email – [SM-Charity@azets.co.uk](mailto:SM-Charity@azets.co.uk)

From the Revenue of this Fund, which is vested in the Society, donations are granted to unmarried daughters and unmarried sisters in necessitous circumstances of Ministers of the Church of Scotland. Applicants must be over forty years of age unless totally incapacitated.

In all applications, the particulars in this form must be fully completed without reference to returns made in previous years, and such evidence produced as shall satisfy the Board of Management of the correctness of the information given.

Should a renewal of the Grant be desired, a completed application must be lodged each year.

*Signature of Applicant* .....

*Date* .....

**APPLICATION FORM**

<p><b>1. Name and full address of the applicant:</b></p>   <p><b>Telephone number:</b></p>  <p><b>Email address:</b></p>	<p><b>(ANSWER)</b></p>
<p><b>2. What is the date of birth of the applicant?</b></p>	
<p><b>3. Name of applicant's parent and/or sibling, and the parish or charge of which he/she is or was minister. If parent or sibling is dead, give date of death.</b></p>	
<p><b>4. Names, ages, occupations and addresses of the applicant's brothers and sisters, if any.</b></p>	
<p><b>5. What is the present occupation of the applicant? State former occupation, if any.</b></p>	

<p><b>6. State generally the present condition of applicant's health.</b></p>	<p><b>(ANSWER)</b></p>		
<p><b>7. Has the applicant received aid from the Society in any previous year? If so, state the year in which the last Grant was obtained, and the amount of the Grant.</b></p>			
<p><b>8. Please list names, date of birth, and relationship of other members of the household to the applicant.</b></p>	<p><b>Name</b></p>	<p><b>DOB</b></p>	<p><b>Relationship to applicant</b></p>
<p><b>9. State the full amount of income to the household received last year from the following:-</b></p>	<p style="text-align: center;">£</p> <p>(a) Private Income .....</p> <p>(b) Widows' Fund .....</p> <p>(c) Net income from Boarders .....</p> <p>(d) Income from House-letting .....</p> <p>(e) Glasgow Sons &amp; Daughters of the Clergy .....</p> <p>(f) Aberdeen Sons of the Clergy .....</p> <p>(g) Indigent Gentlewomen's Fund .....</p> <p>(i) Friends or Relatives .....</p> <p>(j) Old Age or other Pension .....</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Total Income</p>		
<p><b>10. Any other particulars the applicant may desire to give.</b></p>			

### 13.BANK DETAILS

Your payment will be transferred directly to your bank account. Please provide your bank details:

Name:		
Name of Bank:		
Account Number:		
Sort Code:		

**\* It is your responsibility to provide correct bank details. The Trust takes no responsibility for funds not received due to an error in information provided.**

**A Certificate in the following terms should be signed by a Minister of the Church of Scotland, a Doctor, a Bank Manager, or a Solicitor.**

*Date* .....

I, ....., hereby certify that I believe the foregoing statements to be correct, and that ..... is in every respect worthy of assistance from THE SOCIETY FOR THE BENEFIT OF SONS AND DAUGHTERS OF THE CLERGY OF THE CHURCH OF SCOTLAND.

*(Signature)* .....

*(Address)* .....

.....

.....

*(Telephone number)* .....