## GLASGOW SOCIETY OF SONS AND DAUGHTERS OF MINISTERS OF THE CHURCH OF SCOTLAND Scottish Charity Number: 10281

#### **APPLICATION FORM FOR PETITIONER**

#### **Objectives of the Society**

The principal objectives are:

- To grant financial assistance to such children of deceased ministers of the Church of Scotland as shall require and be deserving of it.
- To grant financial assistance to such children of ministers of the Church of Scotland as shall require and be deserving of it to meet educational expenses at schools, universities or in postgraduate training, or in finding employment. Such expenses may include the cost of tuition fees, board and lodging and travel, and a preference will be given to those children who are training for the ministry or mission work of the Church of Scotland.

Who may petition for a grant?:

- Sons and daughters of deceased ministers, whatever their age, who are in reduced circumstances.
- An annual grant is made together with an extra payment prior to Christmas

Timetable:

• Applications for first grants can be lodged at any time. Thereafter annual applications must be lodged by 31 December for consideration by Council in February.

#### This application form should be returned to:

Secretaries & Treasurers Azets Exchange Place 3 Semple Street Edinburgh EH3 8BL

Or by email to SM-Charity@azets.co.uk

# GLASGOW SOCIETY OF SONS & DAUGHTERS OF MINISTERS OF THE CHURCH OF SCOTLAND

#### **APPLICATION FORM FOR PETITIONER**

#### SECTION 1 - To be completed by the Petitioner

Applicant's full name:					
Address:					
	Post	code:			
Phone Number:		Mobile No.:			
Email Address:				·	
Date of Birth:					
Income of Applicant (and spouse/partner)				Applicant	Spouse/ Partner
	1.	Employment:	pa:	£	£
	2.	Income Support:	pw:		
	3.	Housing Benefit	pw:		
	4.	Any other State paymer pw:	nts		
	5.	Other bursaries and gra (please state which)	ints: pa:		
	6.	Approximate income fro	om:		
		Dividends Bank Interest Other	ра: ра: ра:		
	7.	Any other income:	pa:		

Benefits and Allowa	nces	Applicant	Spouse/F	Partner
		£	£	
<ul> <li>a) Pensions <ol> <li>Retirement</li> <li>Invalidity</li> <li>Service</li> <li>Service</li> <li>Widows</li> <li>Widows</li> <li>Occupationa</li> </ol> </li> <li>b) Child Benefit</li> <li>c) Guardian's allowance</li> <li>d) Fostering allowance</li> <li>e) Other allowance</li> <li>i. Mobility</li> <li>ii. Attendance</li> <li>iii. Invalid Care</li> <li>iv. Educational model</li> <li>v. Other</li> </ul>	•			
Capital of Applicant (and spouse/partner)	Inve Banl	icate approximate value of: stments k Deposits ding Society Deposits er	Applicant £	Spouse/ Partner £
Details of deceased parent who was minister of the Church of Scotland:	Name of N	lother/Father:		1
	Charge or	appointment:		
Other Relevant Information:		Birth Certificates required for No petitioners.	ew Applicants	

BANK DETAILS: (for payment of grant)				
Name of account:				
Name of Bank and branch:				
Sort Code:	:::			
Account number				
DECLARATION:				
I confirm that the information given is correct to the best of my knowledge and belief, the information given in this application is true. I understand the information will be used to assist the Society in proceeding with this application and I hereby give consent to its use for that purpose.				
Signature of Applicant	Date			

#### Using Your Personal Information

The Glasgow Society of Sons and Daughters of Ministers of The Church of Scotland, Exchange Place 3, Semple Street, Edinburgh, EH3 8BL, is a charity registered in Scotland (SC010281). We will use your information so that we can process and consider your application for a petitioner's payment. We will also retain your information securely, so that you may be informed of any future relevant events or projects run by the Glasgow Society of Sons and Daughters of Ministers of The Church of Scotland. We may make contact with the referee who you have designated regarding your application.

#### **APPLICATION FORM FOR PETITIONER**

### SECTION 2 – To be completed by the Referee

Reference of a Minister of Religion, a Doctor, Bank Manager, a Lawyer, or other professional person.

Name: (block capitals)		
Designation:		
Address:		
Telephone number:		
Email address:		
How long have you known the petitioner?		
In what capacity or connection:		
I confirm that I believe that the applicant is in need of assistance:		
Signature:	Date:	