

Christian Science Nurses Fund
Registered Charity 209226
PENSION TRUST FOR CHRISTIAN SCIENCE NURSES
BENEVOLENT FUND GRANT APPLICATION (FORM 1)
FROM UK CHRISTIAN SCIENCE NURSES

We take your privacy seriously, and protect the information you give us carefully and lawfully. As a charity we must administer grants fairly and responsibly. Occasionally we may need to verify aspects of your application with a third party.

Please tick to confirm your agreement:

Name: Miss/Mrs/Mr/Ms

Address

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Telephone Mobile

Email

Please state the amount of financial help you need, and for what purpose

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1. Are you a Member of The Mother Church?

2. Of which Branch Church or Society are you a Member?

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3. Have you had Class Instruction in Christian Science?

4. Name of Teacher Date of Class

5. Please give brief details of Christian Science Nursing experience or previous employment.

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6. Do you live in subsidised accommodation?

7. Do you own or rent your home? (*delete as applicable) Rent/Own*

8. Are you single, married, divorced, widowed?

9. Please give details of any dependent family

10. Financial information:

HOUSEHOLD INCOME	£	HOUSEHOLD EXPENDITURE	£
1. Your monthly take-home pay (Average based on last 3 months)		1. Home expenses – monthly	
		Rent	
2. Your spouse's monthly take-home pay (Average based on last 3 months)		Mortgage	
		Council Tax	
3. Additional monthly income, eg. Interest on savings, investment income, pension, other benefits, etc. (Please describe)		Maintenance/repairs/insurance	
		Water	
		Electricity and/or gas	
		Telephone	
		TV rental/licence	
4. Sponsorship, scholarship, grant or loan assistance		Car costs: tax/insurance/repairs/petrol	
		2. Loan Repayments monthly (if not included above)	
		3. Other expenses (please specify)	
Total Monthly Income		Total Monthly Expenditure	

SAVINGS/CAPITAL (in Bank, Building society etc)	£

Please list your outstanding household debts

TYPE OF LOAN: (example: mortgage, credit card, car. etc.)	Amount Outstanding £

The Trustees will estimate an amount which you might be expected to spend on day to day expenses such as food, clothing, stationery, Church activities etc, and add it to the above figures.

Is there any other expense which you have difficulty in meeting?

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11. Please give the names and telephone numbers or email addresses of two referees, one of whom could be a CS Practitioner.

(1)

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(2)

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Signature Date

Please return this form by post to
Shirley McGrath, Administrator,
Pension Trust for Christian Science Nurses, PO Box 5431, Brighton BN50 8JF

For enquiries or help please contact
Tel. 01273 640694 or email administrator@ptcsn.org.uk