

**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 the extent that there are surplus funds after meeting the first objective, to assist children of ministers of the Church of Scotland to find employment. This includes the provision of grants for educational purposes.

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:**

**Fiona M M Watson CA  
Scott-Moncrieff  
Exchange Place 3  
Sempie Street  
Edinburgh EH3 8BL**

# 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:																																																					
Date of Birth:		Post code:	Tel No:																																																		
Income of Applicant (and spouse/partner)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;"></td> <td style="width: 60%;">1. Employment:</td> <td style="width: 15%; text-align: right;">pa:</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td></td> <td>2. Income Support:</td> <td style="text-align: right;">pw:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>3. Housing Benefit</td> <td style="text-align: right;">pw:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>4. Any other State payments</td> <td style="text-align: right;">pw:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>5. Other bursaries and grants: (please state which)</td> <td style="text-align: right;">pa:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>6. Approximate income from:</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Dividends</td> <td style="text-align: right;">pa:</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Bank Interest</td> <td style="text-align: right;">pa:</td> <td></td> <td></td> </tr> <tr> <td></td> <td style="padding-left: 20px;">Other</td> <td style="text-align: right;">pa:</td> <td></td> <td></td> </tr> <tr> <td></td> <td>7. Any other income:</td> <td style="text-align: right;">pa:</td> <td></td> <td></td> </tr> </table>		1. Employment:	pa:				2. Income Support:	pw:				3. Housing Benefit	pw:				4. Any other State payments	pw:				5. Other bursaries and grants: (please state which)	pa:				6. Approximate income from:					Dividends	pa:				Bank Interest	pa:				Other	pa:				7. Any other income:	pa:			Applicant £	Spouse/ Partner £
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	Other	pa:																																																			
	7. Any other income:	pa:																																																			
Capital of Applicant (and spouse/partner)	Please indicate approximate value of:  Investments Bank Deposits Building Society Deposits Other	Applicant £	Spouse/ Partner £																																																		

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**SECTION 1 (Cont'd)**

Details of parent who Was minister of the Church of Scotland:	Name of Mother/Father:  Charge or appointment:
Other Relevant Information:	
<b>BANK DETAILS:</b> (for payment of grant)  Name of account: Name of Bank and branch: Sort Code:                    ___ : ___ : ___  Account number                - - - - -	
<b>DECLARATION:</b>  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 .....	

**APPLICATION FORM FOR PETITIONER**

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

<p><b>Reference of a Minister of Religion, a Doctor, Bank Manager, a Lawyer, or other professional person</b></p> <p>Name in block capitals .....</p> <p>Designation .....</p> <p>Address .....</p> <p>.....</p> <p>Telephone number .....</p> <p>Email address.....</p> <p>How long have you known the petitioner? .....</p> <p>In what capacity or connection? .....</p> <p>.....</p>
<p>I confirm that I believe that the applicant is in need of assistance.</p> <p>Signature ..... Date .....</p>