Application for Education & Training

Applicant :	
Minister / Lay	
Address: Post Code:	Tel: Email: Date:

Please confirm that you understand and agree that if a Grant is awarded and not claimed within ***two years.*** It will be revoked unless the Applicant has notified TMCP a valid reason for the delay in claiming. This enables TMCP to continue awarding grants across the Connexion.

☐ We understand and agree that the Grant will be revoked if not claimed within ***two years*** of being awarded.

What is being applied for :

(Please give a details of the course of study, to include the oversight body, the syllabus, length of course and the anticipated outcome).

Have you applied for other sources of funding? Please give details:

(Because of the limited nature of the funds it is a help if there is support from a circuit or district training fund and you should also indicate what contribution, if any, you can make yourself).

Additional evidence for application:	
Total Cost:	Amount Requested:

Supporting Statement for District Approval from the training body or educational institution

Print Name:	Date :
Signature of Supporter/Referrer:	
Capacity of Supporter/Referrer:	

District Approval:

Name of District	District No:
Print Name:	Date :
Signature of Chair of District:	
District Comments Regarding the Application:	

When completed, please email to **finance@tmcp.org.uk**
with supporting documents as applicable