

THE SOCIETY OF MARY

(Registered Charity Number 24196)

FORM A (GENERAL): TO BE USED WHEN APPLYING FOR A PILGRIMAGE GRANT FROM THE SOCIETY

(OTHER THAN A GRANT FOR A YOUTH OR CHILDREN'S PILGRIMAGE TO WALSINGHAM)

To request a grant from the Society in support of someone who wishes to take part in a projected pilgrimage, please use this form to provide the necessary details. Requests should in general be sent to reach the Membership Secretary of the Society by no later than the 25th of January in the year in which the pilgrimage is to take place. Emergency requests may be submitted to the Membership Secretary at any time, but when this happens, it may be the case that funding will be limited if the demand for grants has been high. All applications should be sent to:

Mrs Kathy Redington, The Lilacs, Luxford Lane, Crowborough, East Sussex TN6 2PJ

Section 1 Please use this Section to tell us about the Pilgrim or Group on whose behalf the request is being made.

This form may be used to request a grant for an individual or for a group (but not for groups wishing to take part in a youth or children's pilgrimage to Walsingham). When a request is being made on behalf of a group, only one form is needed and this should simply give the identity of the group. If separate grants are being requested for each member of a group, a separate form should be completed for each member.

Name of Pilgrim or Group

Address of Pilgrim

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Post Code

Telephone number E-mail address

Parish (or other church to which the Pilgrim or Group is attached)

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Circumstances which in your view entitle the Pilgrim/Group to receive a Society grant

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(If necessary, please use a separate sheet to complete your remarks under this heading.)

Please tell us here of any other sources of funding which may be available to the Pilgrim/Group.

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Section 2

**Please use this Section to confirm the eligibility of the Pilgrim for a Society grant.
(This Section applies only to requests related to individual Pilgrims.)**

In normal circumstances, no-one may receive more than one pilgrimage grant from the Society during his or her lifetime. For this reason, please sign and date the declaration at A below. Alternatively, if a Society grant has previously been made in respect the Pilgrim on whose behalf this application is being submitted, please give the details specified at B below, and sign and date your entry in this part of the form.

A I declare that

has never previously received a Society of Mary pilgrimage grant.

Signed

Date

B

Date of previous grant Amount of grant

Destination of pilgrimage

The circumstances which in your view render the Pilgrim eligible for a further grant

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Signed Date

Section 3

Please use this Section to tell us about the pilgrimage for which the application is being made.

Pilgrimage to

Date of pilgrimage

Approximate cost of pilgrimage

Grant requested from the Society

Section 4

Where this form relates to a request on behalf of an individual, and is not being completed by the Pilgrim in person, please use this Section to tell us how we may contact you.

Name of contact

Address for correspondence

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Post Code.

Telephone number

E-mail address

Section 5

If the application is not being made by the Parish Priest of the Pilgrim/Group on whose behalf a grant is being requested, please use this section to give the details of a Parish Priest from whom the Society can seek a reference in support of the application.

Name of Parish Priest

Address

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Post Code

Telephone number E-mail address

Section 6
Reference by Parish Priest

In cases where a reference is needed to support an application, the Society will send the form to the Parish Priest named in Section 5 above. He will be asked to complete the following part of the form.

Name of Pilgrim/Group

Parish

The person/group named above is known to me and will be taking part in the pilgrimage to

.

on

I know their personal circumstances and am happy to support this application for a grant.

In the event of the named person/group being unable to participate in the pilgrimage for any reason, I shall ensure that the grant is returned in full to the Society.

Name

Address

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Post Code Telephone number

E-mail address

Signed

Date

Please use the space below for any other information which you consider relevant.

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