



TRAINING GRANT APPLICATION FORM

1. Personal Details

Full Name:

Address:

..... Postcode:

Telephone: E-mail:

Church you attend:

2. Grant Information

Please give details of the training you are seeking funding for, including the amount:

Grant amount requested* £.....

* normally no more 50% of course fee.

Applicant's signature: Date:

3. Commendation

I fully support this grant application.

Minister/Deacon of your Church

EMBA Regional Minister

Signature

Signature

Print name

Print name

Date

Date

This completed form should be sent by email to your EMBA Regional Minister or to Becky Nicholls (EMBA Administrative Support) at bnicholls.emba@gmail.com