

Form completed by (please print)

Signed

Name

Position

School Address

Telephone

Email

SCHOOL/PUPIL FUNDING APPLICATION FORM

This form should be completed and returned
to:

Jackie Miles
AFIA Coordinator for the Oxford Diocese
The Mothers' Union
Church Mission Society
Oxford OX4 6BZ

Child's name:

Child's Date of Birth:

Date of trip:

Trip details:

Reason for requesting for funding for a child's school trip.

Please give clear reasons why this child should be chosen from the many applications we receive

In what capacity do you know the family?

(Please circle appropriate description)

Teacher SEN Headteacher Family Liaison

School Secretary

Charity No. 249723 – JM/2023

How long have you known the family and their circumstances?