

**FORM OF APPLICATION FOR GRANT
Clerical Relief (Children's Allowances)**

Name of Applicant:

Diocese:

Parish:

Christian Names	Surname	Date of Birth	NI	RI	University 3rd Level	School 2nd Level	Please state where child is being educated for year commencing 1 August ⁽¹⁾

THIS SPACE TO BE USED FOR ANY ADDITIONAL INFORMATION

SIGNATURE _____

ADDRESS _____

RETURN via email to : gordon.woods@rcbdub.org

⁽¹⁾ If at University etc. give brief details of course, its type (primary, post graduate) etc. Also, if at a third level establishment other than a University, give full details above of any grants due to the child and any payments likely to be received during periods of work experience etc