

**South England Conference of Seventh-day Adventist
Hardship Fund Application Form**

Women's Ministry Department

General Information

Name:

Postal Address:

Date:

Mobile No:

Email Address:

Daytime Contact No:

Local Church Information

Church:

Name of Pastor:

Name of 1st Elder:

Mobile No:

Email:

Bank Details:

Bank:

Bank Account Name:

Sort Code:

Account No:

Reason for Application

Please tick the appropriate box

1. Are you employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2. Are you an employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Are you an SEC employee?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Are you applying to the fund for the first time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. How did you hear about SEC hardship fund?		
6. Amount Applied for.		
£		
7. Further Comments in support of your application		
Signature:		
Date:		
For Official Use Only:		
Signature of Dept. Director		
Signature of Treasurer:		