



# Application Form

Please use this online form to submit your application.

## Part 1 - Personal Details

Tell us about yourself.

**First Name \***

**Last Name \***

**How old will you be at the start of your ecumenical experience? \***

Please Select

Please note that this fund is only open to those between the ages of 18 and 35.

**Email address \***

yourname@example.com

**Home Address \***

Street Address

Street Address Line 2

**Telephone Number \***

Area Code / 07####

Phone Number

Town/City

County

**Which Churches Together in England (CTE) Member Church do you belong to/affiliate with? \***

Please Select

Please note this fund is only open to those who belong to/affiliate with a CTE Member Church. If you belong to/affiliate with more than one CTE Member Church, please select one as your 'primary' Member Church.

**Please tell us about your involvement in ecumenism, or why you would like to be involved. (Max 300 words) \***

0/300

## Part 2 - Your Project - General

Provide us with an overview of your Project.

**Please tell us about the ecumenical experience for which you are applying for funding. Please include details of where you're going, who you might be travelling with, any particular institutions or events you're attending or visiting. Including web-links etc can be helpful for the panel to better understand your plans. (Max 300 words) \***

0/300

**When will your ecumenical experience start? If this is not yet confirmed, please provide an approximate date. \***

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Day    Month    Year

**When will your ecumenical experience end? If this is not yet confirmed, please provide an approximate date. \***

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Day    Month    Year

**How do you expect to benefit from your ecumenical experience? (Max 200 words) \***

0/200

**How do you plan to share the learning you've gained from your ecumenical experience with other churches and ecumenical bodies? CTE will connect with all successful applicants before and after your trip, so please think of further opportunities outside of CTE when answering this question. (Max 200 words) \***



0/200

## Part 3 - Your Project - Finances

Tell us about your proposal's finances. All figures provided should be in GBP - you can find a helpful online converter at [www.xe.com](http://www.xe.com). Please use numbers only, without a £ sign.

**Please itemise the total budget for your ecumenical experience.**

	Amount (£)	Comments
Travel costs	<input type="text"/>	<input type="text"/>
Accommodation	<input type="text"/>	<input type="text"/>
Fees (e.g. course or conference fees)	<input type="text"/>	<input type="text"/>
Subsistence (food and drink etc)	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>
Other (please specify)	<input type="text"/>	<input type="text"/>

**This is the total cost of your ecumenical experience (based on the budget above). (£)**

This figure will auto-calculate

**How much have you already raised towards your ecumenical experience? (£) \***

Please only state guaranteed sums, including any contributions from personal savings.

**How much are you applying for from The Bill Snelson Young Ecumenists Fund? (£) \***

**This is the total of the amount you've already raised and how much you're applying for. (£)**

This figure will auto-calculate

**How do you intend to fund this difference between your total budget, and the amount you've already raised and how much you're applying for?**



## Part 4 - Bank Details

Tell us where you'd like the grant monies to be paid, should your application be successful.

If your application is successful, the funds will need to be paid into a suitable bank account.

Please provide the bank account details below for the account of your choice.

If you're not able to receive the money into your own bank account, please provide details of an alternate bank account to receive the funds e.g. your church's account, along with a written acknowledgement from an authorised signatory of that account indicating that they're willing to hold the funds on your behalf.

**Full name on the Bank Account, as it is written. \***

e.g. MR J SMITH

**Bank Sort Code \***

**Bank Account Number \***

**Is this your own personal bank account (including a shared account)? \***

Yes

No

## Part 5 - Your Project - Endorsement

It is important that we receive a letter of endorsement for your application from a Church/Congregation Leader, Ecumenical Leader, Teacher/Lecturer, or similar.

Please note that if you're applying individually as part of a group-based ecumenical experience, the letter of endorsement must be specifically about yourself.

The letter should cover the following:

- The nature of the relationship between yourself and the endorser, including how long they've known you.
- A comment on your suitability for this Project.
- The benefit the endorser hopes you will receive as a result of this Project.

## Part 6 - Holding your information

Consenting to Churches Together in England (CTE) holding your information.

**Please subscribe me to CTe-News, to keep up to date with the latest unity updates and stories, and find out more about opportunities with CTE for under 35s. By ticking this box you agree to our Terms & Conditions.**

Yes please

## Part 7 - Equality and Diversity Monitoring

PLEASE NOTE THAT THIS SECTION DOES NOT FORM PART OF THE ASSESSMENT CRITERIA, AND WILL NOT BE PROVIDED TO THE PANEL. Any answers in this section will be used for monitoring purposes only.

**How would you describe your gender? \***

Please Select

**I self-identify as:**

**Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more? \***

Please Select

**If you have answered Yes to the question above, does your condition or illness/do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?**

Please Select

**Please choose one of the following options that most accurately describes your ethnic group or background. \***

Please Select

**How would you describe your ethnicity? Other - please specify below**

**Your age at the start of your ecumenical experience.**

This figure will auto-fill, based on your previous answer

**How would you describe your sexual orientation? \***

Please Select

**How would you describe your sexual orientation? Other - please specify below**

**How would you describe your Religion or Belief? \***

Please Select

## Part 8 - Submit your application

Please review your application before you click the green 'Submit' button below.  
Use the 'Back' and 'Next' buttons to check your answers on each page.  
Any mistakes cannot be corrected after you have submitted your application.  
You can also print your application using the 'Print' button below.

**I confirm that the information I have submitted is accurate. I also understand that if I'm successful in my application, the monies should be spent for the purposes in my application. I also commit to submitting my written report within 2 months of the completion of my Project. \***

Yes

**I understand that if I am successful in my application, I am responsible for ensuring compliance with any Visa/legal entry requirements of the country/countries I will be visiting in the context of my ecumenical experience funded through The Bill Snelson Young Ecumenists Fund. I also understand that I am responsible for any UK Home Office requirements relating to my own passport and/or immigration status. \***

Yes

**I understand that if I am successful in my application, but am unable to undertake my ecumenical experience, I may be asked to repay any monies received. \***

Yes

**Please email me a copy of my application after I submit it. This will be sent to the address you entered in Part 1.**

Yes

Submit

Print