The Alcorn Fellowship Trust Fund **Application form**

Name:		
Address:		
Suburb:		Postcode:
Phone no.:		_
Email:		_
I HEREBY APPLY	FOR AN ALCORN FELLOWSHIP TRUST GRANT.	
particular course assistance require	t further study as follows: (Give full details, including will prepare you for; outline, cost and location of count for the course. The Committee encourages applications are available, in preference to over	rse, and statement of financial ants to undertake studies in
PLEASE PROVIDI DURING THE PAS	E DETAILS OF CONTINUING EDUCATION / CHRISTIA ST 12 MONTHS	AN EDUCATION UNDERTAKEN
that it is expected training and expe	D ACCEPT the conditions set forth in the AIMS AND (I that those who benefit from Grants will return to Querience with the Church, and I WILL SUBMIT WITHIN of my Course to the Trust Committee.	ueensland in order to share their
Period away com	mencement date: Retur	rn date:
The type of work	I anticipate being engaged in on my return:	
N.B. supporting do	ocumentation (references, course details and costs) mus	t be forwarded with your application.
Signature:	Date:	:
Please forward to	: Kathy Brown - The Alcorn Fellowship Trust Commit	te The Uniting Church in Australia QUEENSLAND SYNOD

kathy.brown@ucaqld.com.au