



CENTRAL BAPTIST ASSOCIATION

Bedfordshire, Buckinghamshire, Hertfordshire, North Buckinghamshire, Northamptonshire

walking together in Ministry and Mission

Treasurer – Mrs Karen Hopkins

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Collingtree Park, Northampton, NN4 0XN

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TRAINING GRANT APPLICATION FORM

Applicant's name and address: _____

Church (Name & Address): _____

Details of proposed training program or event (date/organising body/ title)

How will the training contribute to the ministry and mission of the church?

Total Cost of Training: £ _____

Amount being paid by participant: £ _____ Amount being paid by church £ _____

Amount requested from CBA funds: £ _____ (up to 1/3rd of the cost up to a maximum of £200)

Endorsement by Church: Minister / Church Officer _____

When complete please return to the Association Treasurer at the address or email above.

Office Use: Date Received _____ Date approved _____ Payment Reference _____