Please ensure that you have read the Girlguiding [ ] policy on financial support for members in full before making an application. If you require any assistance with your application, please contact (insert details) using the contact details at the end of this application.

|  |  |
| --- | --- |
| **Applicant:**(individual/unit district/division/county) |  |
| **Amount applied for:** | £ |
| **Date of application:** |  |

|  |  |
| --- | --- |
| **Main contact for this application:** |  |
| **Contact main role:** |  |
| **Contact membership number:** |  |
| **Contact email address:** |  |
| **Contact telephone number:** |  |

Which type of funding does your application relate to?

|  |  |
| --- | --- |
|  | Select one |
| Training | [ ]  |
| Travel expenses | [ ]  |
| Events | [ ]  |
| Individual circumstances | [ ]  |

|  |
| --- |
| Have you/the group applied for funding from Girlguiding [ ] previously? |
| *If yes, please provide details* |
| What are you going to do with this funding if you are successful? Please supply as much detail as possible |
|  |

Is the funding required up front (for travel etc.)?

|  |  |
| --- | --- |
|  | Select one |
| Yes | [ ]  |
| No | [ ]  |

**Your budget**

Please include the total cost (not just the element you’re applying for funding for)

|  |  |
| --- | --- |
| **Cost Description (e.g. bus, airfare, accommodation, fees)**  | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total Cost** |  |

|  |  |
| --- | --- |
| **Who else will be providing funding? What is the source (e.g., parents, participants, fundraising, Girlguiding Scotland)** | **£** |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **Total funding from other sources** |  |

|  |  |
| --- | --- |
| **Amount you’re applying for:** | **£** |

|  |  |  |
| --- | --- | --- |
| **How many young members would benefit from this funding?** | **Number** | **What section?** |
|  |  |
|  |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| **How many volunteers would benefit from this funding?** | **Number** |
|  |

**Applicant declaration**

I confirm that the information contained within this form is correct and understand that if successful, this funding can only be used for the purposes outlined above.

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:**  |  |
| **Date:** |  |

Please return your completed application to:

*Insert details*

If your application is successful, a completed claim form will be required to be submitted so that the funds may be paid.

**Approval**

This application has been approved by Girlguiding [ ] *insert committee name*

|  |  |
| --- | --- |
| **Name:** |  |
| **Signed:** |  |
| **On behalf of:** | Girlguiding [ ] *insert committee name* |
| **Date:** |  |