

Application Form for Individual Grants

This form is for use by individual members of Girlguiding Somerset North who have been through a selection process to represent the County at a Girlguiding event.

Once signed by the relevant Commissioner, the form should be sent to the Chair of the County Finance Committee ([finance@girlguidingsomersetnorth.org.uk](mailto:finance@girlguidingsomersetnorth.org.uk))

TO BE COMPLETED BY APPLICANT:

|  |  |  |
| --- | --- | --- |
| Name: | Membership number: | |
| Email: | | |
| Unit: | | |
| District: | Division: | |
| Role in Girlguiding: | | |
|  | | |
| **Title of Event:** | | |
| Brief description of event with dates: | | |
| **Costs** – please provide estimates if full costs not yet known: | | |
| (a) Travel costs (select if land/air/sea) £ | | |
| (b) Cost of the event. £ | | |
| (c) Other costs (e.g. equipment purchase) £ | | |
|  | | |
| Estimated Total Cost £ | | |
| Please describe your fundraising activities. How much do you hope to raise and how much have you already raised? | | |
| If you are applying for/have obtained financial assistance from other sources, please give details: | | |
| What area of expertise are you taking to the event? | | |
| What are you hoping to gain from the event and what plans do you have to share this on your return? | | |
| Applicant’s Signature | | Date |
| Please send the form to your Commissioner, who will comment and then submit the form to the Chair of the County Finance Committee for discussion with the Finance Committee. | | |
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| Comments by District/Division Commissioner re application: | | |
| Commissioner’s Signature | | Date |
|  | | |
| County Treasurer’s Use: | | |
|  | | |
| Approved/Deferred/Rejected:...........................................Date:............................ | | |
|  | | |
| Amount awarded:..........................................................£.................................. | | |
|  | | |

This form will be retained securely and included with the annual accounts of Girlguiding Somerset North