GIRLGUIDING EDINBURGH FUND APPLICATION FORM
INDIVIDUAL

Reason for funding:
What is the TOTAL cost of the purchase of goods or attendance at the event? (PLEASE INCLUDE BREAKDOWN OF COSTS) £
Amount of funding requested £

How is the balance being raised (PLEASE INCLUDE DETAILS OF ANY OTHER GRANTS APPLIED FOR)

If the total amount of funding requested is not approved in total, how will the deficit be raised?

Applicant's name……..

Address……..

Postcode……

Contact telephone number……

Date of birth for girl or SS application only……

Has the applicant previously applied for assistance? (if yes, please confirm details)

I confirm that the information in this application is correct

Signed……Date……..
(Leader)

I confirm that this applicant is a member of the:

……Rainbow/Brownie/Guide/Senior Section Unit

……..District

……Division

Signed…… Commissioner

Note: If a grant is approved you will need to provide bank details of the Unit or in the case of a trip/event the part of Girlguiding organising the trip/event, e.g. Girlguiding Scotland, as the grant will be paid direct to the Unit/trip or event provider.

Statement/Commissioner reference:

Please give supporting information to assist with the Executive's decision (this will remain confidential)

This application has been reviewed and discussed by the Executive Team and is approved/declined.

Amount of grant £

Conditions attached to grant

Signed…….……County Commissioner/Chair BMF

Decision advised:
Payment for £ issued to:
Bank details:
Date:
Signed: