GIRLGUIDING MORETON DIVISION GRANT APPLICATION FORM



Applications to be submitted by 15th September of the year prior to the trip.

Name of applicant:			Date of Birth:					
Address:								
Postcode:								
Email:		Telephone No						
Unit Name:								
Role in Guiding:	Membership No							
District:								
Type of Event: (Please g	ive details below)							
Total Cost:		Data of Events						
Total Cost: Date of Event: Breakdown of Costs (if known) – Accommodation, Transport, Food etc								
Breakdown of Costs (if k	nown) – Accommodatio	on, Transport, Fo	ood etc					
Is your district contributing to the funding?			Ye	S	No			
Have you applied for (or received) funding from other sources? Yes								
Have you received any Grants in the last 5 years from County Division or								
District?:				S	No			
Are there any particular circumstances or additional information of which we should be aware?								
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What have you done so far or what do you intend to do to fundraise for the event?								
•								
Ma	vill gain from this event?							

Sort Code:				Account No:						
If successful with t	•									•
the event. If I funda awarded.	aise abo	ve the cost o	f the	event, I w	ill repay	part, or tl	he entii	ety of t	he gra	ınt
Applicant Signature:						Date:				
Parent/Guardian Signature (if under 18)					Date:					
District Commission	Date				Date:					
Please either email or post the completed form and any additional sheets to: Girlguiding Moreton Division, 2 Arden Court, Congleton, Cheshire, CW12 3JH Email: moreton@girlguidingcheshireborder.org.uk Division Use Only:										
Discussed On:					Awarded On:					
Applicant Informed	l:				Cheque	Sent:				
Acknowledgement Received	Yes	No)		Report Received		Yes		No	
Notes:										

If successful with the grant application to whom should the cheque be made payable?

(NB cheques cannot be made payable to personal accounts; please give your unit, event, trip etc. account details)

Cheques payable to: