Girlguiding Middlesex North West County has funds available to offer grants to members for training purposes. Please fill out the form to apply:

**Applicant details:**

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| --- | --- |
| **Applicant Full Name:** |  |
| **Address:** |  |
| **Date of Birth** |  |
| **Telephone no:** |  |
| **Email Address:** |  |
| **Unit:** |  |
| **District:** |  |
| **Division:** |  |
| **Total cost of training:** |  |
| **Total cost of travel:** |  |
| **Amount of grant requested:** |  |

**Purpose of request**

Please give details for your reasons for applying and the exact purpose for which the money will be used:

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**Application support and signed by**

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| --- | --- |
| **Unit leader:** |  |
| **District/Division Commissioner:** |  |

Please add any additional information that you may consider appropriate.

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**Payment of grants**

Applicants will be informed as soon as possible of the outcome of their application but not more than two months after the application is received by county.

For queries, please email [countycomm@girlguidingmiddxnw.org.uk](mailto:countycomm@girlguidingmiddxnw.org.uk)

**If your application is successful, the county team will contact you. The training will either be paid directly or will be made payable to the individual.**

**Grant money for travel costs; receipts will be requested to be submitted.**

**Grant monies not ultimately used by the applicant for the purposed outlined in the application, should be repaid to the county to enable other members to have the use of these finds.**

**For County Use:**

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| --- | --- |
| **Amount of grant: £** |  |
| **Authorised by:** |  |
| **Date:** |  |

**Terms of the grant:**

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**Applicant:**

I confirmed I accept the grant money and agree to the terms of use plus the terms of the grant.

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