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|  | | **APPLICATION FOR REGION GRANT** | | | | | | | |
| Girlguiding LaSER has the following funds available to offer grants to members for a variety of purposes. These are detailed below:  **Chief’s Memorial Fund – International Travel**  For international travel grants. The region has the discretion regarding eligibility and application process.  **Edward Legacy Fund – Travel to Switzerland**  To help Guides and young adult leaders under 35 visit Our Chalet in Switzerland.  **King George VI Fund – Travel to training**  To help members attend training at Girlguiding UK or county Training Centres.  **Region Chief Commissioner’s Discretionary Fund – Any guiding purpose.**  For any guiding purpose. Applications can be made by individuals, units or areas in LaSER and is awarded at the discretion of the Chief Commissioner.  **Please fill out the form below to apply for the relevant fund.** | | | | | | | | | |
| **FUND APPLIED FOR (please circle or check box)** | | | | | | | | | |
| Chief’s Memorial Fund | | Region Chief Commissioner’s Discretionary Fund | | | |  | | | |
| Edward Legacy Fund | | King George VI Fund | | | |  | | | |
| * Complete all parts of the form below. * Send the form to your division/district commissioner for signature and onward submission. * Please ask your commissioner to forward or send your form where digital signatures are used. | | | | | | | | | |
| **APPLICANT DETAILS** | | | | | | | | | |
| Full name of applicant: | |  | | | | | | | |
| Address: | |  | | | | | | | |
| *(if application is on behalf of a unit/district/division give commissioner/leader contact details)* | | | | | | | | | |
| Date of birth: *(individual applicants only)* | | | |  | | | | | |
| Telephone: | |  | | | | | | | |
| Email: | |  | | | | | | | |
|  | | | | | | | | | |
| Unit: | |  | | | | | | | |
| District: | |  | | | | | | | |
| Division: | |  | | | | | | | |
| County: | |  | | | | | | | |
| Total cost of project/course: | | **£** | | | | | | | |
| Total cost of travel: | | **£** | | | | | | | |
| **Amount of grant requested:** | | **£** | | | | | | | |
|  | | | | | | | | | |
| ***PURPOSE OF REQUEST*** | | | | | | | | | |
| Please tell us about your project & give details for your reasons for applying and the exact purpose for which the money will be used. Please also detail how you meet the funding criteria: | | | | | | | | | |
|  | | | | | | | | | |
| **YOUR BUDGET** | | | | | | | | | |
| Please include the total cost of this project (not just the element you’re applying for funding for)  (Continue on a separate page if necessary.) | | | | | | | | | |
| **Cost description (e.g. bus, airfare, accommodation, entrance fees):** | | | | | | | | | **£** |
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| **Total Cost** | | | | | | | | | £ |
|  | | | | | | | | |  |
| **Who else will be providing funding for this project? what is the source (e.g. parents, participants, county, fundraising):** | | | | | | | | | **£** |
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| **Total funding from other sources** | | | | | | | | | **£** |
| **Amount you’re applying for from the fund** | | | | | | | | | **£** |
| **APPLICATION SUPPORTED & SIGNED BY** | | | | | | | | | |
| District Commissioner: | | | | |  | | | | |
| Region Adviser/County Commissioner *(if appropriate)* | | | | |  | | | | |
| (Please add any additional information that you may consider appropriate) | | | | | | | | | |
|  | | | | | | | | | |
| **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 at region headquarters.  For queries: Tel: 020 8675 7572 Email: [info@girlguidinglaser.org.uk](mailto:info@girlguidinglaser.org.uk) | | | | | | | | | |
| **NOTE: IF YOUR APPLICATION IS SUCESSFUL, REGION OFFICE WILL CONTACT YOU FOR THE APPROPRIATE BANK DETAILS.** Grants will be made payable to the individual’s unit or area as appropriate i.e. District or division. Grant monies not ultimately used by the applicant for this project should be repaid to the region to enable other members to have the use of these funds. | | | | | | | | | |
| Amount of grant: | | | **£** | | | | | | |
| Authorised by: |  | | | | | | Date: |  | |