**FINANCIAL ASSISTANCE**

**APPLICATION FORM**

*Assistance is open to any unit/district/division*

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| **Details of applicant** | |
| Unit: |  |
| Level no.: |  |
| District: |  |
| Division: |  |

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| --- | --- |
| **Your costs:** | |
| Amount being applied for: |  |
| Total cost: |  |
| How much will you/or others contribute to the total cost? |  |

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| --- | --- |
| **Details of Funding Required** | |
| Tell us what the funds are to be used for: |  |
| **Please provide copies of documents giving quotes or costings where possible.** | |
| **YOU MUST ALSO PROVIDE A SIGNED COPY OF YOUR LAST EXAMINED ACCOUNTS with the year-end within the last fifteen months and a BANK STATEMENT dated within the last three months.** | |
| **Please state below if you have previously received any funding and when:** | |
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| **How many girls/young women will benefit, what ages and why:** |
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**Payment will be made by bacs transfer.**

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| **Sort code** |  |  |  |  |  |  | **Account no.** |  |  |  |  |  |  |  |  |
| **Account name** |  | | | | | | | | | | | | | | |

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| **Remittance email** |  |

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| **When you have checked ALL your information and ensured you have all the relevant supporting documents, please email to:** county.treasurer@girlguidingessexsoutheast.org.uk |
| ***The application will be considered by members of the Essex South East Guide Association finance committee – awards of over £1,000 will go to the county executive for ratification.*** |