**Girls application**

Where to send your form:

By email to: [international@girlguidinghertfordshire.org.uk](mailto:international@girlguidinghertfordshire.org.uk)

|  |  |
| --- | --- |
| **Name:** |  |
| **Membership no:** |  |
| **Unit:** |  |
| **Roles:** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Your international adventure** | |
| Date of trip: |  |
| Destination: |  |
| Name of trip leader: |  |
| **Your international adventure costs** (trip fee) |  |
| **How much are you funding personally?**  **Please give details of your fundraising to date and any future fundraising plans.** | |
|  | |
| **Write about how you would benefit from the bursary and feel this trip will be important to you personally including what experience you expect to gain in no more than 20 lines of type.** | |
|  | |
| **Please tell us what plans you have to share your international adventure with others on your return:** | |
|  | |
| **Please tell us briefly about yourself, family, friends and outside interests and anything special you would like us to know when we consider your applications.** | |
|  | |
| * **I have provided accurate information in the application for a Girlguiding Hertfordshire international grant.** * **I understand that the above information will not be shared and will only be used for the intended purpose.** * **This form will be kept for a maximum of 12 months after which time it will be removed from our system.** * **I confirm that, if granted, the monies will be used for the stated purpose as allocated or returned to Girlguiding Hertfordshire within 6 months of the date of issue.** | |
| Applicant’s signature:  Date : | |

**Parent/guardian**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | | |
| Relation: |  | | |
| Telephone number: |  | Email address: |  |
| Signature: |  | Date: |  |

**Please include a recommendation from your unit leader.**

The recommendations should indicate why the application should be considered and any special reasons why the applicant should be given financial support.

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Membership no: |  |
| Role: |  | | |
| Guiding county/ division/district: |  | | |
| Recommendation: | | | |
| Signature: |  | Date: |  |

**Local commissioner to complete and sign the application:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Membership no: |  |
| Role: |  |  |  |
| Guiding county/ division/district: |  |  |  |
| Signature: |  | Date: |  |

|  |  |
| --- | --- |
| **For international use: (please include dates where relevant)** | |
| Received: |  |
| Acknowledgement: |  |
| Attachments: |  |
| Forwarded for approval: |  |

|  |  |
| --- | --- |
| **For finance use: (please include dates where relevant)** | |
| Authorized by: |  |
| Amount Awarded: |  |
| Applicant advised: |  |