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Description automatically generated**

**Individual Application Form for Helping Hands Grant**

An individual application can be made a maximum of twice in any calendar year.

A unit Leader should complete this application to request a Helping Hands Grant on behalf of a young member or herself.

|  |  |  |  |
| --- | --- | --- | --- |
| Main Contact for the application |  | Membership Number |  |
| Email address |  | Tel No. |  |
|  | | | |
| Name of the member being supported |  | Membership Number |  |
| Unit |  | | |
| District |  | | |
| Division |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Please give a description of the reason for this application and what the grant will be used for. Please give as much detail as you can. | | | |
|  | | | |
| Grant amount requested |  | Does your unit claim Gift Aid? |  |

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm the details given above are true and correct and that knowingly making a false application would be a breach of the Girlguiding Code of Conduct. | | | |
| Signed |  | Date |  |

When submitting this application, please send a copy of the Unit’s last year’s annual accounts summary (signed by an independent verifier) and a copy of your latest bank statement.

Applications should be completed electronically and emailed to [finance@girlguidingglos.org.uk](mailto:finance@girlguidingglos.org.uk)

Applications can be submitted at any time of the year. There are no specific deadlines.

|  |  |  |  |
| --- | --- | --- | --- |
| **For County use only:** | | | |
| Unit accounts submitted? |  | Unit bank statement submitted? |  |
| Unit balance at year end |  | Gift Aid support required? |  |
| District balance at year end |  | Division balance at year end |  |
| **Grant details** | | | |
| Amount of grant awarded |  | Date grant paid to unit |  |
| If no grant was awarded, please give brief reasoning |  | | |