**Horsham District Scout Council**

**Hardship Fund Application Form**

Horsham District Scout Council operates a Hardship Fund to support young people and adult volunteers who would otherwise not be able to take part in scouting activities. Finances should not be a barrier to scouting. The funds are limited but each request will be considered on its own merits.

All applications for the Hardship Fund should be treated in confidence by all involved.

Please read the District Hardship Fund Policy before completing this application form and provide as much detail as possible.

**Personal details**

Name of applicant (young person or adult volunteer): …..…...…………….……..………………………………………...

Name of parent or carer (if applicable): ……………………………………………………………..………..…….

Contact number (in case of queries): ……………………………………….……………………………...……….

Group: …………………………………………………………………………………..…….

Section (please circle)**:** Squirrel, Beaver, Cub, Scout, Explorer, Young Leader, Network, Adult Volunteer

Length of membership: ……………………………………………….………………………..………………

**Purpose of application**

I would like to make an application for assistance with the following:

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What are the benefits to the individual, group or district?

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**Eligibility**

Please outline any examples of other local funds available or attempts to fundraise:

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Does this application meet any of the priority criteria listed in the Hardship Fund Policy? If so, please list them below:

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Please give details of any other relevant information you would like to bring to our attention:

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**Cost**

Total cost required: £…………………….……

Amount that you are able to contribute/fundraise: £…………………….……

Total request from the Hardship Fund: £…………………….……

The date funds are required: ..…………………………………………………….….……

*Conditions may be imposed on any funds granted.*

**Statement**

To the best of my knowledge, this is a true and accurate statement.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please send this completed application form to your section lead volunteer and Group Lead Volunteer in the first instance. They will forward your application to the District Lead Volunteer.

**Group Lead Volunteer / 14 – 24 Team Leader**

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_