



APPLICATION FORM MAKING A DIFFERENCE FUND

Name of individual for whom application is being made:		Membership No:	
Amount requested	£	County:	
Other funding received e.g. parents, unit, division, fundraising or external bodies:	£		
Name and Membership No of person applying:		Date application made:	
Unit name and address for payment purposes:		Email address:	
		Tel. No:	
Name of person making the application:			
		Commissioner and Name:	
Date _____		Date _____	
Membership No _____		Membership No _____	
Description of event the funding is being requested for, including breakdown of all costs and number of participants:			
		Date/s of Event:	
		Address of Event:	
Please include reasons why you are requesting this financial support?			
Please include all details why you think the nominee would benefit from our support?			
Office use only Approved by two members of the Girlguiding Midlands Finance Committee:			
Approved By:	/	Date:	

Please post to Girlguiding Midlands 21 Lower Church Street, Ashby de la Zouch, LE65 1AB F.A.O The Finance Committee or email midlands.headoffice@girlguiding-midlands.org.uk