## **Application for Financial Assistance**

## **Private and Confidential**

This form should be completed by a parent/guardian. Please return to JANE LEADBETTER GLV <u>jane@25th-allerton.com</u> along with any documentary evidence.

The Member is the young person in the Squirrels, Beavers, Cubs or Scouts.

The Applicant is the Parent/Guardian of the Member.

Please note that 25th Allerton Scout Group will treat all information enclosed in the application as confidential, in accordance with Scouts UK GDPR guidelines.

## **Guidelines**

Please read the following information carefully and fill in the sections as required. Applicants qualify for financial assistance if they are in receipt of one of the items listed in Section Two, and/or the member receives free school meals. Qualification for financial assistance is subject to available funds and does not guarantee a bursary award.

Applications will <u>not</u> be accepted unless they include evidence of income/benefits/grants, etc. This can include photocopies of letters and statements from HRMC. Please note the amount of money received is often essential for the panel to see in considering your application – please ensure this is visible where applicable.

Section One – Member Details					
Name of Member					
Name of Parent/Guardian					
Addres	SS				
Telephone		_Email			
☐ Member detailed is entitled to free school meals					
_					
This application is for financial assistance towards (please tick):					
!	Membership subscription	□ Uniform			
		— - ·····			
	Membership subscription				

## Section Two - Applicant Details

My household is in receipt of the foll	lowing (please tick):	
☐ The guaranteed element of	ent and Support Allowance le Immigration and Asylum Act 1999 f State Pension Credit you are not entitled to Working Tax Credit and have an annual g	ross
	Evidence	
I enclose the following as evidence	e:	
☐ Photocopies of letters from HMRC	C/Department for Work and Pensions	
□ Letter from local education autho	rity or school confirming member's entitlement to free school me	eals
□ Other:		
Declaration		
I declare that to the best of my know	vledge all information included here is complete and correct.	
Signed:		
Print name:	Date:	
OFFICE USE ONLY:		
Date application received:		
Application approved: YES/NO.	Amount:	
Signed:	Date:	