



CONFIDENTIAL

**Pat Colley Bursary Application form (to be completed by Unit Guider)**

Name of Individual .....

Address .....

Unit ..... District .....

Details of residential event to be attended .....

.....

Date of event ..... Total cost of event .....

Are your Division, District and/or unit contributing Yes/No

If yes, how much? Division ..... District ..... Unit .....

Parental Contribution if any .....

**PLEASE COMPLETE THE FINANCIAL BREAKDOWN BOX ON NEXT SHEET. IT IS HOPED THAT DIVISION, DISTRICT AND PARENTS WILL MAKE A CONTRIBUTION HOWEVER SMALL**

Please tell us the reason for this grant application

and how it will make a difference to the applicant

Unit Guider's name .....

Address .....

Telephone no ..... E-mail address .....

Signed ..... Date .....

**County/Division/District Commissioner**

I am aware of this application and support the request for consideration by the Pat Colley Bursary Fund Committee.

Signed ..... Date .....

Please print name .....

If this grant application is successful a cheque will be sent to the unit Guider and made payable to the unit concerned.

Following completion of the application form please return to County Treasurer at her home address for consideration at the next meeting of the Pat Colley Bursary Fund Committee.

October 2011

Parental Contribution if any	£ _____
Unit Contribution if any	£ _____
District/Division Contribution if any	£ _____
<b>BALANCE REQUIRED OR AMOUNT REQUESTED</b>	£ _____
<b>Total Cost of Event</b>	£ _____

<b>Committee use only</b>	
Amount awarded .....	Date .....
Cheque number .....	