



Girlguiding

Buckinghamshire

girls in the lead

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

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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

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	£ _____
BALANCE REQUIRED OR AMOUNT REQUESTED	£ _____
Total Cost of Event	£ _____

Committee use only	
Amount awarded	Date
Cheque number	