



CONFIDENTIAL

Application for an Individual requesting a Grant

Name of Individual

Address.....

Telephone No. Email.....

District.....Division.....

Please give a brief description of the reason for this application

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Total Cost Total amount requested

Are your Division/District/Unit contributing to the funding yes/no

If Yes, how much? Division District Unit

Have you undertaken or do you intend to do any fundraising event(s) yes/no

If Yes, please give brief details including how much you have raised to date

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SIGNED.....Individual/Guider Date.....

COUNTY/DIVISION/DISTRICT COMMISSIONER

I am aware of this application and support the request for consideration by the County Finance Committee.

SIGNED..... Date.....
County/Division/District Commissioner

The completed form should be returned to the County Treasurer at her home address for consideration at County Finance and/or County Executive Meetings.

<p>Committee use only</p> <p>Amount awarded Date</p> <p>Cheque number</p>
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