

CONFIDENTIAL

**SURREY COUNTY SCOUT COUNCIL
APPLICATION FOR GRANT AID FROM THE FORSTER MEMORIAL FUND**

This form to be completed in block capitals except where signatures are required.

I, being the person named below and being an invested member of the Scout Group or Unit stated, wish to make application for a grant from the Forster Memorial Fund for the purpose stated:-

First Name:	Surname:	Dated:
Address:	Group:	District:
Role within Scouting		
How will this assist you in a future career or retraining:		
Estimated Cost £	Amount of Grant sought £	
Sort Code	Account Number	Account Name

Each section below is to be completed by the person stated:-

If applicant is under 18, signature of parent or guardian agreeing to the application

Signed.....Date .../.../....

Group Scout Leader/Unit Leader

I confirm that I have checked this application and approve of its submission

Signed.....Appointment.....Date .../.../....

District Commissioner

I confirm that I have checked this application and approve of its submission

Signed.....Appointment.....Date .../.../.... Completed form to be returned to:

County Administrator, Surrey Scouts County Office, Bentley Copse Activity Centre, Hound House Road, Shere, Guildford, Surrey GU5 9 JH