

# APPLICATION FORM FOR A 1ST SOUTHWARK SCOUTS BURSARY

Please complete all of the relevant sections, writing clearly in capital letters and in black ink.

## SECTION 1

|  |        |     |       |
|--|--------|-----|-------|
| NAME OF APPLICANT<br>(Beaver, Cub or Scout Name) |        |     |       |
| SECTION (please circle)                          | BEAVER | CUB | SCOUT |
| APPLICANT'S DATE OF BIRTH                        |        |     |       |
| NAME OF PARENT/CARER                             |        |     |       |
| ADDRESS  |        |     |       |
| CONTACT NUMBER                                   |        |     |       |
| EMAIL ADDRESS                                    |        |     |       |

## SECTION 2

|   |     |    |
|---|-----|----|
| HAS THE APPLICANT BEEN INVESTED                                 | YES | NO |
| GIVE DETAILS OF FINANCIAL HARDSHIP AND ATTACH RELEVANT EVIDENCE |     |    |
| ARE ANY SUBSCRIPTION FEES OR OTHER FEES OUTSTANDING?            | YES | NO |
| IF FEES ARE OUTSTANDING, PLEASE PROVIDE DETAILS                 |     |    |
| DETAILS OF ANY OTHER RELEVANT INFORMATION IF APPLICABLE         |     |    |

## SECTION 3

|                                |      |      |                |
|--------------------------------|------|------|----------------|
| REASON FOR BURSARY APPLICATION | SUBS | CAMP | ACTIVITY/EVENT |
| DATE OF CAMP ATTENDING         |      |      |                |

**I confirm that the information I have provided for the purpose of this application for a bursary is true to my best knowledge and belief.**

SIGNATURE OF PARENT/CARER: .....

DATE: .....

**SECTION 4 (for the use of the Executive Committee only)**

|  |     |    |
|--|-----|----|
| APPLICANT IS INVESTED?   | YES | NO |
| THE APPLICANT IS "DESERVING" AS DEFINED IN THE BURSARY POLICY? | YES | NO |
| FINANCIAL HARDSHIP IS EVIDENCED?                               | YES | NO |
| FEES ARE UP TO DATE?   | YES | NO |
| ATTENDANCE AT WEEKLY MEETINGS IS GOOD?                         | YES | NO |
| ATTENDANCE AT OTHER EVENTS AND ACTIVITIES IS GOOD?             | YES | NO |
| DETAILS OF EXCEPTIONAL CIRCUMSTANCES                           |     |    |
| BURSARY AGREED   | YES | NO |

|                              |  |
|------------------------------|--|
| AMOUNT OF BURSARY GRANTED    |  |
| SUBS, CAMP, ACTIVITY DETAILS |  |

On behalf of the Executive Committee:

CHAIRMAN: ..... Dated .....

TREASURER: ..... Dated .....

SECRETARY: ..... Dated .....