



## The Lord Hyde Memorial Fund

### APPLICATION FOR GRANT AID TO ATTEND A COURSE AT GILWELL PARK

Group Name					
District					
County					
Location of Course					
Duration of Course (Give dates)					
	Fees	Fares	Food	Other Expenses	<b>Total</b>
Estimate Costs	£	£	£	£	£

#### DETAILS OF ASSISTANCE REQUIRED (IF NECESSARY CONTINUE ON SEPARATE SHEET)

Name					
Position held					
Details of Circumstances					
Amount of Personal Contribution					
Amount donated from Local sources					
Amount of grant required from H.Q.					

**If the grant is made I am prepared to expend the money for the purpose for which it is allocated and in the event of my not being able to attend I undertake to refund the grant.**

Signed by GSL					
Date					

**ALL CHEQUES WILL BE MADE PAYBLE TO THE GROUP AND NOT TO INDIVIDUALS.**

**NAME AND ADDRESS OF PERSON TO WHOM FUTURE CORRESPONDENCE SHOULD BE SENT**

Name	
Address	
Telephone No	
Email Address	

**APPLICATION APPROVED AND RECOMMENDED**

**I confirm this group is claiming Gift Aid**

Signed by DC	
Date	

Please send application form to:-

The Grants Secretary  
Fundraising Department  
The Scout Association  
Gilwell Park,  
Chingford  
London E4 &QW

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**H.Q. Use Only**

Grant Approved	
Date	