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# **Application for Bramley Scout Group Hardship Fund**

Bramley Scout Group operates a hardship fund to support young people who would otherwise not be able to take part in activities provided by the Group. The funds which come from existing group funds are limited, but each request will be considered on its own merits.

Funding may be requested to help with the cost of termly subscriptions, the cost of events, activities or camps which require an additional payment from the parent/carer, travel costs to Scouting activities or items of Scout uniform.

Conditions may be imposed on any funds granted. Please complete this form as fully as possible for each request.

|  |  |  |
| --- | --- | --- |
| **Young person’s name:** |  | |
| **Section (Please circle):** | **SQUIRRELS BEAVERS CUBS SCOUTS** | |
|  | | |
| **Item/Event you are requesting funding for:** |  | |
| **Date of Event (if applicable):** |  | |
|  | | |
| **Total cost of event/item:** |  | |
| **Total you are able to contribute:** |  | |
| **Total requested from fund:** |  | |
|  | | |
| **Reason for request:** | | |
| **Are you in receipt of any of the following (please tick those applicable):** | | |
| * Total household income level below £32,000 | |  |
| * Universal Credit | |  |
| * Free school meals | |  |
| * Support under Part VI of the Immigration and Asylum Act 1999 | |  |
| **Is the young person a carer or a ‘looked after child’?** | | Y/N |
| **Are you a carer?** See[NHS commissioning » Who is considered a carer? (england.nhs.uk)](https://www.england.nhs.uk/commissioning/comm-carers/carers/) for definition | | Y/N |
| **Are you under the Homes for Ukraine Scheme** | | Y/N |

|  |  |
| --- | --- |
| **Parent/Guardian name:** | **Parent/Guardian signature:** |
|  |  |

**To be completed by Bramley Scout Group:**

|  |  |
| --- | --- |
| **Has the young person shown a commitment to Scouting?** | Y/N |
| **Are there sufficient funds available in the Hardship Fund? (If not Executive Committee approval is required)** | Y/N |
| **Does the Treasurer approve the application?** | Y/N |
| **Amount of support to be given and how will this be provided?** |  |

Signed by:

|  |  |
| --- | --- |
| **Treasurer** | **Date of approval by Treasurer** |
|  |  |