



HOLIDAY FUND APPLICATION AND GUIDELINES FOR COUNTY CHAIRMEN

Please study this carefully

1. The purpose of the Holiday Fund is to give financial help to Leaders, Ex-Leaders and Trefoil Guild members to enable them to have a much needed holiday which they could not otherwise afford.

2. Examples of circumstances under which grants may be given are:

- a) After illness, or to prevent a breakdown.
- b) Invalid ties at home. Holiday for a Carer.
- c) Enabling the invalid to go away for a short while so that the member could have a 'Breather'.
- d) After redundancy, during unemployment or on low income.
- e) To enable a Leader to go to camp, or Pack Holiday, who otherwise could not afford to do so.

3. Although the nominee may not be known to them personally, it is the responsibility of the County Chairman to send on only those applications which come under the purpose of the Holiday Fund.

This may need to be explained to the person making the recommendation. It is therefore necessary to check very carefully that the nominee **needs** a holiday, or that the Leader could not otherwise take girls to camp or Pack Holiday, and the reason is clearly shown on the form. The form **should not** be completed by the person for whom the bursary is intended.

4. The County Chairman should check that Part One of the application form is completed with as much detail as possible under all headings. If necessary, extra sheets may be attached.

5. Part Two should then be completed by the County Chairman. Anyone may recommend a person through the County Chairman, but the County Chairman's comments are very important and will determine the outcome of the application. These comments need to cover all the points in paragraph 6 if such information does not appear elsewhere on the form.

6. It is appreciated that finance can be a delicate subject, particularly to the elderly, but the person making the recommendation should have some idea of the nominee's situation, and the information must be passed on to the County Chairman.

- a) Could the nominee have a holiday if there was no grant forthcoming?
- b) Is the nominee likely to receive financial help from any other source?
- c) When did the nominee last have a holiday?
- d) Is the holiday already booked and, if so, when was it booked?

N.B. Each application must stand on its own merits at the time, bearing in mind the number of claims on the funds available.

7. These notes should be left attached to the application form until the form is completed.

ALL DETAILS ARE TREATED IN THE STRICTEST CONFIDENCE.

The completed application form should be sent to:

The Holiday Fund, The Trefoil Guild Office, 17-19 Buckingham Palace Rd, London SW1W 0PT

Written confirmation of the grant will be sent to the applicant with a copy to the County Chairman.



HOLIDAY FUND GRANT APPLICATION FORM
 Please complete fully **ON BOTH SIDES** and return it to
 The Trefoil Guild Office, 17-19 Buckingham Palace Road, London SW1W 0PT

PART ONE - IN CONFIDENCE - To be completed by Nominator Please refer to Guidelines	
Nominee Name:	
Address:	
Tel:	Email:
Position in the Movement:	
Name of Trefoil Guild/Guide Unit	
County	
Country/Region	
Circumstances creating need for a holiday: Please refer to item 2 of Guidelines and give as much detail as possible	
Please continue on a separate sheet if necessary	
Holiday proposed::	
Date of Holiday:	
Estimated cost (in sterling) of proposed holiday: Full details would be appreciated, including transport if appropriate	
Amount of Grant required:	
Date Grant required:	
What financial support, if any, do you expect to receive from:	
a) Your Guild?	b) Your County?
c) Your Country/Region?	d) Any other source?
Recommended by: PLEASE PRINT Name: Mr/Mrs/Miss/Ms/Other	
Address:	
Tel:	Email:
Position in the Movement:	
Signed:	Date:

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December 2009



PART TWO

County Chairman's Comments:

Please give as much financial information as possible e.g. State Pension only; one-parent family; husband redundant etc. See item 6 of Guidelines

Please continue on a separate sheet if necessary

Signature of County Chairman:

PLEASE PRINT:

Name: Mr/Mrs/Miss/Ms/Other

Tel:

Email:

Should the Grant be made, to whom should the cheque be made payable:

PLEASE PRINT:

Name:

Address:

OFFICE USE:

Grant awarded/not awarded:

Amount:

Date:



Trefoil Guild

Photocopies of this form are acceptable