



Helping Hands Fund Application
Individual Girls

Section 1: Basic Information

Area: _____

District: _____

Contact Person: _____
(Person applying for funding)

Phone: _____ E-mail: _____

Unit Description and Location: _____

Target Age: _____ # of girls: _____

Guiders Names: _____

Section 2: Budget

Source of funds (please list all)

Expenses (please list all)

District Council: _____

Area Council: _____

Other: _____
(Grants/donations)

Total: _____

Area Commissioner signature: _____

Date: _____

Guider signature: _____

Date: _____

Section 3: Assistance Breakdown

Please complete all sections below indicating contributions made. All dues payable to Areas will be required if guidelines are not adhered to.

Funding required

Membership: _____

Uniform: _____

Other: _____

Total: _____

Funding source

Parent/Guardian: _____

Unit: _____

District: _____

Area: _____

Total: _____

Manitoba Council Use

Amount Approved: _____

Date: _____



Helping Hands Fund Application
Guider's Reference

If a Guider is not familiar with the family, someone else may complete the form. Examples of suitable references would be a religious adviser, teacher or childcare worker.

Please indicate to the best of your knowledge why you feel this girl should/should not receive financial assistance. Examples of need for financial assistance include family size, single parent or any unusual circumstances.

I do/do not recommend _____ for financial assistance because:

Reference signature: _____

Date: _____

Please complete all sections below indicating contributions made. Once completed please send this form to your Area.

Funding required

Membership: _____

Uniform: _____

Other: _____

Total: _____

Funding source

Parent/Guardian: _____

Unit: _____

District: _____

Total: _____