**VICK MALKIN TRAVELLER’S FUND APPLICATION FORM**

Through the estate of Vick Malkin, in memory of his wife Beatrice, West Coast Area has a restricted fund that is used to assist those Guiding members who have been **selected** to attend a Guiding event. This does not apply to independent trips. Please refer to the West Coast Area Procedures and Guidelines for details. IT IS RECOMMENDED THAT THIS APPLICATION BE SUBMITTED TO THE AREA COMMISSIONER AT LEAST THREE WEEKS PRIOR TO THE DEPARTURE DATE.

APPLICANT’S NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ POSTAL CODE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CURRENT POSITIONS (IN GUIDING):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UNIT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE OF EVENT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COSTS AS APPLICABLE:**

 EVENT FEE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 TRANSPORTATION (if not included) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER (itemize) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL COST:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FINANCIAL ASSISTANCE RECEIVED OR PROMISED:**

 CWFF/NATIONAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 BC COUNCIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 UNIT DONATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 PERSONAL FUNDRAISING

 THROUGH GUIDING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **TOTAL ASSISTANCE:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **BALANCE (COST – ASSISTANCE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

THIS BALANCE IS TO BE SHARED BETWEEN THE AREA (50%, max. $250) AND THE PARTICIPANT (50%)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Signature of Unit Guider

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of District Commissioner Signature of Area Commissioner

Cheque # Issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_