**Financial Inclusion Application**

Financial circumstances should not be a barrier to Scouting. Therefore, 1st Keswick Scout Group is committed to providing financial support and subsidies to ensure that all young people, who are members of the group, have the opportunity take part in their section’s activities.

**Funding**

Funding can only be given to future payments and events. Applications must be made at least 3 weeks before the payment is due, unless otherwise stated or in exceptional, unavoidable circumstances – in which case the sub-committee/executive committee may choose to accept the application.

**The financial inclusion fund can be used to give funds or subsidise:**

* Membership subscriptions for the young person
* Fees for attendance by the young person at activities and events organised or attended by 1st Keswick Scout Group, that take place within the UK, as part of their sections programme.
* Fees for attendance by the young person at activities and events organised by Eden District Scouts, at which 1st Keswick Scout Group has been invited to attend, as part of their sections programme.
* Purchase of uniform for the young person
* Fees for attendance at a national scout event
* The financial inclusion fund will NOT normally give funds or subsidise, unless specifically agreed by the Group Executive Committee:
	+ • International activities or events
	+ • Support those with additional needs to take part in scouting
* The costs to the group are likely to exceed the funding needed. However, funding for these can provided at district, county or national level.

This policy applies to all young people who are members of 1st Keswick Scout Group.

**Eligibility**: To qualify for support under this policy, the young person must;

* • Be an invested member of their section
* • Have a record of regular attendance

The application for funding should be read in conjunction with the Financial Inclusion policy for 1st Keswick Scouts. All applications must be made on behalf of a specific young person by their parent or carer.

If applying for siblings, please complete an application form for each young person

**Young Person Details**

|  |  |
| --- | --- |
| **First Name** | **Last Name** |
|  |  |
| **Date of Birth (dd/mm/yyyyy)**  | **What Section are they a member of (Beavers, Cubs etc)** |
|  |  |

**Person Completing the Form on**

|  |  |
| --- | --- |
| **First Name** | **Last Name** |
|  |  |
| **Relationship to Young Person (Parent/Carer/Guardian)**  | **Contact email**  |
|  |  |
| **Contact Number**  |  |
|  |  |

**Application Details**

**What Funds/Subsidy would you like to apply for (you may enter more than one criteria). Delete as appropriate. If unknown at point of application, please select multiple criteria to enable future requests to be granted during the financial year.**

|  |  |
| --- | --- |
| **Membership subscriptions**  | **Purchase of uniform** |
| Yes/No | Yes/No |
| **Fees for attendance at specific event**  | **Briefly outline specific event**  |
| Yes/No |  |
| **Other**  | **Briefly outline requirement for Other**  |
| Yes/No |  |

**Application Criteria**

**Select which criteria you meet to apply for this support. Delete as appropriate and select more than one if applicable.**

|  |  |
| --- | --- |
| **Parent/Carer Redundancy** | **Looked after Child** |
| Yes/No | Yes/No |
| **Significant illness causing financial impact in family** | **Death of Parent/Carer** |
| Yes/No | Yes/No |
| **Death of Parent/Carer** | **Young Carer** |
| Yes/No | Yes/No |

|  |  |
| --- | --- |
| **More than 1 sibling attending the same activity or event, in the same section (i.e both in Beavers etc.) with total household income less than £25,000** | Yes/No |
| **Low Income (criteria outlined below)** |  |
| * Income-related free school meals
* Income Support
* Income-based Jobseeker’s Allowance
* An income-related employment and support allowance
* Support under Part VI of the Immigration and Asylum Act 1999
* Child Tax Credit (provided they are not entitled to Working Tax Credit) and have an annual income that does not exceed £16,190 as assessed by His Majesty’s Revenue and Customs
* Working Tax Credit
* Universal Credit
* Housing Benefit
* The Guaranteed Element of State Pension Credit
 | Yes/No |
| **Any other appropriate criteria (briefly outline below)** | Yes/No |
|  |  |

**Evidence of Application criteria**

Please submit with you application appropriate evidence of applicability to the criteria, details of required evidence can be found in the appendices of the Financial Inclusion Policy.

Evidence submitted will always be held in the strictest of confidence and will be destroyed and/or returned to you once the application has been considered. Evidence will not be shared with the wider executive committee unless specifically requested by them.

If your application is successful any data relating to financial inclusion will only be held on our online system (OSM) and will be treated with the strictest of confidence, it will be retained for the duration of the time that the young person is a member of 1st Keswick Scouts and deleted when they leave.

**Completed Application Forms**

Completed application forms should be submitted to the 1st Keswick Scout Group Treasurer.

 Applicants may also wish to discuss their application with the treasurer or their section leader in advance of submission

A response to the application should be expected within 4 weeks (or sooner) of submission.

**Application Submission**

I confirm that I have read the 1st Keswick Scout Group Financial Inclusion Policy. The Young Person is an invested member of their section and has a record of regular attendance as outlined in the policy. I have provided evidence to support the application to demonstrate the criteria for support is met.

I understand that 1st Keswick Scout Group is a charitable organisation and a voluntary organisation run entirely by volunteers for the benefit of Young People In making this application I fully understand that 1st Keswick Scout Group has no legal or financial responsibility to meet or agree to any application for financial assistance.

|  |  |
| --- | --- |
| **Signed by Parent/Carer Applicant (On behalf of Young Person)**  | **Date** |
|  |  |