

Divisional



Youth and Children's Ministries

**Resources for Youth & Children's Leaders Gathering**

Name of applicant: \_\_\_\_\_ Position: \_\_\_\_\_

Division/Region: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount applying for: \_\_\_\_\_

Cost Code: \_\_\_\_\_ Account Code (5 digit number): \_\_\_\_\_

Who is this network for? (E.g. youth workers, children's workers or both)

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Tell us about your network? What is it trying to achieve? How often do you meet?

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How many youth/children's workers will be in attendance?

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What resource do you intend to buy with this grant?

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**Applicant Declaration:**

I confirm the information is correct to the best of my knowledge. I understand the submission of this application is not a guarantee a grant will be awarded, and the response may be a proportion of the amount requested.

I agree to complete a grant evaluation form which will be sent to me via email six months after my submitted grant request.

Signature:

Date:

**Please return this form to [youthchildren@salvationarmy.org.uk](mailto:youthchildren@salvationarmy.org.uk)**