



Beverly Simpson Headon Travellers' Assistance Fund

Girls, Guiders and Groups

Purpose: To provide financial assistance to active Edmonton Area Girl Guide Members travelling to approved camps, conferences, trainings, trips and other events.

Eligibility: Travel must involve at least 200km one way, point to point coverage only. Side trips are excluded.

Funds: In-Province travel assistance will be up to 10% of transportation costs or \$20.00 per person, whichever is the lesser amount, with a minimum of \$10.00. Application form, and receipts are due to Edmonton Area within 30 days after the trip.

International and inter-provincial travel assistance will be up to 10% of the transportation costs to a maximum of \$150 per Edmonton Area Participant. If using a tour company and exact travel costs are not known, a maximum of \$150 per participant will be paid. Application form, current SG8, up to date budget, and receipts are due to Edmonton Area **at least** 30 days prior to the trip beginning.

Individual Edmonton Area youth members **selected** or **requested** by Area/Provincial/National Committees to participate in national, international, provincial or interprovincial events, conferences or camps will be provided with \$300. No application form is needed. Does not apply to core staff attending interprovincial camps at their own request.

Amount of available funds each year will be designated by Area Council.

Assistance received will be dependent on the total number of qualifying applicants and funds available.

Application Forms: Forms may be obtained from the Edmonton Area website.

Incomplete application forms will be returned to the sender. No late applications will be accepted.





Name of applicant:

Phone:

Address:

Phone: (cell)

City:

Postal Code:

iMIS Number:

District: Choose One

Email Address: _____

of Girls Travelling:

of Adults Travelling:

Where are you traveling to:

Date of Departure:

Date of return:

Distance of return trip: km

Type of Event:

Total cost of transportation: \$

Date:

Applicant/ Guider's signature/ iMis Number:

For Committee/ Office Use only

Above named has been approved for the Beverly Simpson Headon Travel Assistance in the amount of \$ _____
(_____ % of \$ _____)

Date approved: _____

Area Commissioner: _____

Date cheque issued: _____ Cheque # _____

Approved: _____ Approved: _____

Code: 6850



BEVERLY SIMPSON HEADON TRAVELLERS ASSISTANCE APPLICATION

International/ Interprovincial Group Travel

Name of applicant:

Phone:

Address:

Phone: (cell)

City:

Postal Code:

iMIS Number:

District: Choose One

Email Address: _____

of Girls Travelling:

of Adults Travelling:

Where are you traveling to:

Date of Departure:

Date of return:

Distance of return trip: km

Type of Event:

Means of Travel: Choose One

Total cost of transportation from Edmonton to destination: \$

Are you using a travel company (EF tours, etc): If yes, then are travel costs an estimate?

If application is approved, the cheque is to be made payable to:

Address (if different from above):

Date:

Applicant/ Guider's signature/ iMIS Number:

This amount must be included in your financials submitted to Edmonton Area within 30 days of your trip.

For Committee/ Office Use only

Above named has been approved for the Beverly Simpson Headon Travel Assistance in the amount of
\$ _____ (_____ % of \$ _____)

Date approved: _____

Area Commissioner: _____

Date cheque issued: _____ Cheque # _____

Approved: _____ Approved: _____

Code: 6850