

# Local Grant



Youth and  
Children's  
Ministries

## Volunteer Youth & Children's Leaders Training

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

Corps: \_\_\_\_\_

Division: \_\_\_\_\_

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

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

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

Cost Code: \_\_\_\_\_

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

### Type of Training:

Day:

Weekend:

Professional Study:

Details of the Training Course applied for? (E.g. Name of course, who is it run by, level of study if applicable, where is it held, course fee)

Why have you chosen this particular course?

What impact do you hope this course will have on your ministry?

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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 give feedback to the Youth & Children's Ministries team on the quality and usefulness of the training received via an evaluation sent to me six months after my submitted grant request.

Should I fail to complete / attend the training, I agree to repay any awarded fees.

Signature:

Date:

### Corps Officer

Please provide the rational for recommending and supporting the individual to receive the funding:

Signature:

Date:

### Divisional Endorsement

Please provide the rational for recommending and supporting the individual to receive the funding:

Signature:

Date:

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