



**Helping Hands Fund Application  
Individual Girls**

**Section 1: Contact Information**

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Contact person: \_\_\_\_\_  
(person applying for funding):

Area: \_\_\_\_\_ District: \_\_\_\_\_

Activity funding is for:     Unit                       Event                       Other

Please provide details: \_\_\_\_\_  
(Unit information, event name, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2: Budget**

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Expenses of the activity (please be specific, examples: registration fees, uniform costs, event registration subsidy):

Item	Cost
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
• _____	_____
	Total expenses: _____

Funding (funding can come from caregiver/caregiver, district or area council, grants and donations or other sources):

Funding source	Amount
• _____	_____
• _____	_____
• _____	_____
• _____	_____
	Total funding available: _____

Area Commissioner name: \_\_\_\_\_ Date: \_\_\_\_\_



**Manitoba Council**

**Helping Hands Fund Application  
Applicant Reference**

Please indicate to the best of your knowledge why this girl should receive financial assistance.

Name of person requiring financial assistance: \_\_\_\_\_

Please list reason(s) why financial assistance is necessary:

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Reference name: \_\_\_\_\_

Date: \_\_\_\_\_