|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Personal details** | | | | | | | |
| Full Name: | |  | | | | | |
| Gender: | |  | | | | | |
| Date of Birth: | |  | | | Age: |  | |
| Address: | |  | | | | | |
| Country of Residence: | | |  | | | | |
| Telephone No: | | |  | | Mobile No: | |  |
| Email: |  | | | | Skype ID: | |  |
| Current occupation: | |  | | | | | |
| Nationality: | |  | | | | | |
| Do you have any other nationality/passports? | | | |  | | | |

|  |
| --- |
| **Application details** |

Please indicate which experience you are applying for:

- Event name and date:

- Please indicate with an X which type of scholarship you are applying for:

|  |  |
| --- | --- |
|  | Travel Grant |
|  | Full Programme Fee Scholarship |
|  | Partial Programme Fee Scholarship |
|  | Other |

- Please indicate how will you contribute financially to your experience:

- Please indicate how your Member Organisation (if applicable) will contribute financially to   
the experience:

- How did you find out about this opportunity?

|  |
| --- |
| **Girl Guiding/Girl Scouting experience (if applicable)** |

Note: If you are not a member of WAGGGS you may still be eligible for scholarship as the vision WAGGGS is for ‘all girls and young women’.

- Please indicate your M.O. Name:

- Current position at your M.O.:

- Are you an active member?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

- If you have had any previous International Girl Guiding/Girl Scouting Experiences please tell us about these:

- What is your understanding of the mission and vision of WAGGGS?

- Give a brief description of your Girl Guiding/Girl Scouting Experience:

Please complete the following, considering World Centres receive many applications for scholarships. When filling out the application form please answer only in one paragraph for each question (approximately 3 sentences in total).

- Tell us about yourself:

- Why do you want to have this World Centre experience?

- What are your personal goals regarding to participate in this experience?

- How will you share the information and learning from this experience?

|  |
| --- |
| **Police record check** |

In your home country have you had a police records check?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Yes |  |  | No |  |

Answering no to this question will not exclude you from being selected but we will rely on the sign off from your international commissioner below to fulfill this criterion. If you answer yes, please supply evidence such as a certificate.

|  |
| --- |
| **International Commissioner approval** |

This application is an accurate representation of

Who belongs to:

I believe the applicant has the necessary clearance within her home country to work with children and young people. I endorse them to represent our Member Organisation through this experience. We agree to support them on their return to spread international friendship and share their World Centre experience.

Name of International Commissioner:

Telephone of International Commissioner:  Mobile:

Email Address of International Commissioner :

Signature of International Commissioner :

(Insert a jpg image with your sign or sign and scan)

Date:

|  |
| --- |
| **Applicants signature** |

This application is a true and honest representation of myself and my experience. I agree that World Centre teams may verify this information at their discretion and consult my national Girl Guiding/Girl Scouting organization if appropriate.

Signature of Applicants:

(Insert a jpg image with your sign or sign and scan)

Date:

**Return Form To:**

ourcabana@guiasdemexico.org.mx

directora\_nc@guiasdemexico.org.mx

**Note: Scholarships are provided by way of refund and are payable once the participant arrives at the World Centre and not before.**