**Our Cabana Event Participant Scholarship**

**Application Form**

Please indicate which event and dates you are applying for:

Event name: Click here to enter text. Dates: Click here to enter text.

Please indicate which type of scholarship you are applying for:

[ ] 50% Travel and Visa Grant

[ ] Full Programme Fee Scholarship

Please indicate how you will contribute financially to your experience: Click here to enter text.

Please indicate how your Member Organisation (if applicable) will contribute financially to your experience: Click here to enter text.

# Personal Details

Full Name: Click here to enter text. Gender: Click here to enter text..

Preferred Name: Click here to enter text. Nationality: Click here to enter text.

Passport/Travel Document Number: Click here to enter text.

Other held Nationality Click here to enter text.

Date of Birth (DD/MM/YY): Click here to enter text. Age: Click here to enter text..

Address: Click here to enter text.

Country of Residence: Click here to enter text. Telephone No: Click here to enter text. text.

Mobile No: Click here to enter text. Skype ID: Click here to enter text.

Email: Click here to enter text.

May we share your contact details within the WAGGGS network?

Yes [ ]

No [ ]

How did you find out about this opportunity? Click here to enter text.

Current Occupation/Studies: Click here to enter text.

# 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 of WAGGGS is for ‘all girls and young women’.

Name of Member Organization: Click here to enter text.

Present position in your Member Organization: Click here to enter text.

Are you an active member?

Yes [ ]

No [ ]

If you have had any previous International Girl Guiding/Girl Scouting Experiences please tell us about these: Click here to enter text.

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

 Click here to enter text.

Briefly describe your Girl Guiding/Girl Scouting Experience

Click here to enter text.

# Complete

When filling out the application form please give only one- paragraph answers for each question (approximately 3 sentences in total).

1. Tell us about yourself.

Click here to enter text.

2. Why do you want to have this World Centre experience?

Click here to enter text.

3. What are your personal goals in regards to participating in this experience?

Click here to enter text.

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

Click here to enter text.

# Police Record Check

Have you had a police records check in your country?

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 fulfil this criterion.

If you answer yes, please supply evidence such as a certificate.

**International Commissioner Approval**

This application is an accurate representation of: Enter name of applicant.

Who belongs to: Enter name of WAGGGS Member Organisation.

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

Name of International Commissioner: Click here to enter text.

Phone Number: Click here to enter text. Mobile: Click here to enter text.

Email Address: Click here to enter text.

Date: Click here to enter text.

\*Signature of International Commissioner: 

\*INSERT DIGITAL SIGNATURE ABOVE OR PRINT DOCUMENT, SIGN, AND SCAN DOCUMENT FOR SUBMISSION

# Applicant’s 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.

\*Applicant’s Signature:  Date: Click here to enter text.

\*INSERT DIGITAL SIGNATURE ABOVE OR PRINT DOCUMENT, SIGN, AND SCAN DOCUMENT FOR SUBMISSION

# To be completed if the applicant is under 18 years of age

By signing below I certify that I have carefully read and understand this application in its entirety and agree to the information presented. I give my permission for the applicant to participate on Our Cabaña Volunteering program.

Parent/Guardian name: Click here to enter text.

Relationship to applicant: Click here to enter text.

Phone number: Click here to enter text. Mobile: Click here to enter text.

Email address: Click here to enter text.

Date: Click here to enter text.

\*Parent/Guardian’s signature: 

\*INSERT DIGITAL SIGNATURE ABOVE OR PRINT DOCUMENT, SIGN, AND SCAN DOCUMENT FOR SUBMISSION

Return Form To

cabana@wagggs.org

subdirectora\_nc@guiasdemexico.org.mx

**Note:** World Centres receive many applications for scholarships.

Scholarships are provided as refund and are payable once the participant arrives at the World Centre.