



## TRAVEL AWARD APPLICATION FORM

**PLEASE READ THE IMPORTANT GUIDANCE NOTES ATTACHED BEFORE COMPLETING THE APPLICATION FORM**

- The closing date for receipt of completed application forms is **31 January**
- Applications are considered by the Tours Sub-Committee of the AGS in early March and candidates will be notified by the end of March.
- This form must be clearly handwritten or typed in black ink.

### 1. PERSONAL DETAILS

Surname: ..... First Names: .....

Title: Mr  Mrs  Miss  Ms  Dr  Other: .....

*[Please tick as appropriate]*

Address for Correspondence:

.....  
.....  
.....  
..... Postcode:.....

Tel: ..... Fax No: .....

Email: ..... Date of Birth: .....

Nationality: ..... Occupation: .....

2. **OCCUPATION, PROFESSION OR COURSE OF STUDY**

3. **APPROXIMATE JOURNEY DATES**

4. **AIMS AND OBJECTIVES**

*[Clearly indicate perceived benefits to horticulture, botany and to the applicant]*

*[please continue on a separate sheet, if necessary]*

5. **GROUP TRAVEL**

*[If applicable, please state – Name of Group and Group Leader]*

6. **MODE OF TRAVEL**

*[Please state method of transport both to reach, and internally, of the country of destination]*

7. **MAIN SOURCES OF INFORMATION USED FOR PLANNING THE JOURNEY**

8. **REASON FOR THE CHOICE OF AREA**

9. **DETAILED BREAKDOWN OF ESTIMATED JOURNEY COSTS**

Transport	~	£
Accommodation	~	£
Insurance	~	£
Photography	~	£
Other items	~	£
<b><u>TOTAL COST:</u></b>		<b>A</b> £
Own input	~	£
Other income ( <i>state sources</i> )	~	£
<b><u>TOTAL INCOME:</u></b>		<b>B</b> £
<b><u>NET COST:</u></b>		<b>[A - B]</b> £

10. **Have you applied elsewhere for funding in connection with this application** YES / NO  
If Yes, please give details:

11. **PROPOSED ITINERARY**

12. **DECLARATION:** *I confirm that the information given on this form and supporting papers is, to the best of my knowledge and belief, true and accurate. If my application is successful, I agree to abide by the conditions stipulated in the Guidance Notes*

**SIGNATURE OF APPLICANT:** .....**DATE:** .....

13. **REFEREES** *[Two written references are required, in support of your application]*

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*When completed, this form, together with any supporting documents, should be sent to:*  
**AGS Centre, Avon Bank, Pershore, Worcestershire, WR10 3JP**  
*Fax 01386 554801    ☎ 01386 554790    Email: [ags@alpinegardensociety.net](mailto:ags@alpinegardensociety.net)*