



**Application Form for
Alpine Garden Society Travel Award and E F Hendry Bequest Award**

Completed Applications should be returned to: The Director, Alpine Garden Society, Avonbank, Pershore, Worcester, WR10 3JP or by emailing: ags@alpinegardensociety.net

The closing date for applications is: 31 January each year

Please read the Guidance Notes for each Award before completing this application.

I would like to apply for an Award from:

AGS Travel Award Fund

E F Hendry Bequest Fund

[Please tick as appropriate. The rules allow you to apply to both Funds if you wish.]

IS THE AWARD APPLICATION by an individual

or on behalf of an institution

1. PERSONAL DETAILS

Surname:

Forenames:

Occupation/Job Title:

Place of Employment/Study:

Nationality:

Date of birth:

Email:

Tel No:

For Group Applications only – Give Name and Job Title of all participants

2. DURATION

Start Date:

Completion Date:

3. PROPOSED PROJECT – Brief Summary

4. AIMS AND OBJECTIVES – Key points to include

- What you hope to achieve and how you intend to do this
- Way in which the project can contribute to your current role/career development
- How the information gained may be publicised/sharing of knowledge

Continue on a separate sheet, if necessary

5. DETAILED ITINERARY or DETAILS OF WORK PLACEMENT/CONFERENCE ETC

Continue on a separate sheet, if necessary

6. BREAKDOWN OF COSTS

Air Fare	
Train	
Car hire & estimated fuel costs	
Mileage costs if using own vehicle @25p per mile	
Accommodation	
Food	
Insurance	
Visa & Permits	
Other costs (please specify)	
Total Estimated Cost	£

Less deduction of

Personal contribution	
Other income/sponsorship (state sources)	
Total of other income	£

AMOUNT of AGS/Hendry Funding sought

=

£

7. **OTHER FUNDING APPLICATIONS** – have you applied elsewhere for funding in connection with this application

YES/NO (delete as applicable)

If YES, please give details:

8. **REFERENCES**

Two written references are required in support of your application. One should be from your current employer/tutor and the other from someone, other than a relative, who has preferably known you for at least two years. Each referee must be able to provide a knowledgeable opinion on your project.

TWO references MUST accompany this application form.

9. **VISAS/PERMITS/INSURANCE**

It is the applicant’s responsibility to ensure that they have obtained the necessary visas relating to the country of travel, as well as appropriate travel insurance. Please indicate if apply in connection with your study trip

CITES permits required	YES/NO	If Yes	Obtained	<input type="checkbox"/>	Processing	<input type="checkbox"/>
Other collecting permits	YES/NO		Obtained	<input type="checkbox"/>	Processing	<input type="checkbox"/>

10. **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. I understand that if I have provided misleading information my application may be cancelled.

By submission of this application form, you indicate your consent to the AGS using the information provided to process your application and to the AGS sharing information with other external grant giving bodies. The AGS will only process your personal data provided in this form for the purpose stated in the form. We will never disclose your personal data to any third parties without your prior consent (see the AGS Privacy Policy on our website).

If my application is successful, I agree to abide by the conditions stipulated in the Guidance Notes relating to AGS Travel Awards and the E F Hendry Bequest.

Signature:

Date: