

DEVELOPMENT GRANT APPLICATION

Before completing this application form, please ensure you have read the **Development Grant Policy & Guidance document** which can be found on our website. All applications need to be commented on by the Squadron/Section Commander/Chain of Command before being submitted.

Completed applications should be submitted via our online portal which can be accessed through our website:

<https://www.aircadetcharity.org.uk/development-grant>

Rank and name of applicant			
Age		Address	
Squadron/CCF Contingent			
Date joined RAF Air Cadets			
Date joined as CFAV			
Amount of grant requested <i>Please state the exact amount – up to £2500</i>		Email	

What personal or professional training development would this grant support?	
Course/training provider <i>Please include name, address, and website (if applicable)</i>	
Detailed costs <i>Please include a full breakdown of the costs the grant will be covering.</i>	
Are there any other costs involved? <i>Please include other costs related to the course and whether these are being met by other means (for example self-funded or another bursary/grant).</i>	
When is the grant required? <i>Applications submitted in Window 1 (1 October – 24 January) will receive a decision by no later than 30 April.</i> <i>Applications submitted in Window 2 (1 April – 24 July) will receive a decision by no later than 31 October.</i>	



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Please confirm which area this bursary would be supporting:

Aviation ☐

Adventure training ☐

Exploiting technology ☐

Immersive training ☐

Enhance education ☐

Improve employability ☐

Health and Wellbeing ☐

Welfare ☐

Which Air Cadet Charity vision and mission does this bursary align to:

Access for all ☐

Enhance self-confidence and responsibility ☐

Enhance inter-personal skills ☐

Your statement to support this application

Please refer to the Development Grant Policy and Guidance when completing your statement.



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Signature of applicant <i>If completing electronically, please insert your name. Your online submission will act as an electronic signature for the purposes of this form.</i>		Date	
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Comment by OC Squadron/Section Commander/Chain of Command	
Rank and name	
Position	
Signature <i>If completing electronically, please insert your name. The Air Cadet Charity may contact you by email to confirm your support of this application.</i>	
Email address	

