



SCI SOLIDARITY FUND FOR DISADVANTAGED VOLUNTEERS APPLICATION FORM

Applicants must be a person with fewer opportunities as outlined in the SCI Solidarity Fund for Disadvantaged Volunteers.

Total amount requested:

Project the volunteer intends to participate to: (state Title, Code, Dates)

I. Applicant Organisation: (SCI Branch/ Partner Organisation)

Name: _____

Email for correspondence: _____@_____

Payment method:

- Transfer to Bank Account IBAN: _____
- Paypal ID: _____
- Pink Slip: _____
- Other, please, describe: _____

II. Volunteer's Details

Last Name: _____ First Name: _____

Age: _____ Gender: _____ ID (type/Nr): _____

Volunteer experience if any (please describe): _____
(continue in the back page if necessary)

Costs associated with the volunteers' participation (estimate) in €: _____ (please outline)

Why should the Solidarity Fund support this application? (Please outline the reasons why we should support this volunteer) _____

Costs covered by the volunteer _____%

Costs requested from the Fund: _____%

The application must be sent at least 4 weeks before the start of the project to solidarityfund@sci.ngo

Any other comments:
