

# SUFFOLK COUNTY FOOTBALL ASSOCIATION LTD

## APPLICATION FOR BENEVOLENT FUND GRANT

***This form must be completed in full, be signed by the Club Secretary and returned, together with a supporting Medical Certificate to the County F.A Treasurer as soon as possible.***

APPLICANTS FULL NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

AGE \_\_\_\_\_ NATURE OF EMPLOYMENT \_\_\_\_\_

MARITAL STATUS? \_\_\_\_\_ PARTNER WORKING? \_\_\_\_\_

NUMBER OF CHILDREN (WITH AGES) \_\_\_\_\_

CLUB PLAYING FOR WHEN INJURED \_\_\_\_\_ AFFILIATION NO: \_\_\_\_\_

DATE OF MATCH WHEN INJURY OCCURRED \_\_\_\_\_

NATURE OF INJURY \_\_\_\_\_

WEEKLY EARNINGS PRIOR TO INJURY – BASIC £ \_\_\_\_\_ + OVERTIME \_\_\_\_\_

AVERAGE TAKE HOME PAY £ \_\_\_\_\_

WEEKLY INCOME DURING INCAPACITY FROM:- STATUTORY SICK PAY (S.S.P) £ \_\_\_\_\_

EMPLOYER'S SICK PAY (IF ANY) £ \_\_\_\_\_

CLUB INSURANCE £ \_\_\_\_\_

TAX REFUND (IF ANY) £ \_\_\_\_\_

OTHER SOURCES £ \_\_\_\_\_

**TOTAL NETT WEEKLY INCOME (LESS TAX OR NATIONAL INSURANCE)**  
£ \_\_\_\_\_

PERIOD OF INCAPACITY THROUGH THIS INJURY:- FROM \_\_\_\_\_ To \_\_\_\_\_

DATE & AMOUNT OF YOUR CLUB'S LAST DONATION TO THE BENEVOLENT FUND (BENEVOLENT FUND RULE 4)

DATE \_\_\_\_\_ AMOUNT \_\_\_\_\_

TO WHAT EXTENT HAS THE CLUB ASSISTED FINANCIALLY? \_\_\_\_\_

OTHER RELEVANT INFORMATION – PLEASE USE REVERSE SIDE OF FORM.

I HEREBY **CERTIFY** THAT THE INFORMATION GIVEN IS CORRECT TO THE BEST OF MY KNOWLEDGE & BELIEF.

SIGNED \_\_\_\_\_ (HON SECRETARY)

FOR \_\_\_\_\_ FOOTBALL CLUB

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

**NOTE:-**

- 1. A PROPERLY COMPLETED & SIGNED MEDICAL CERTIFICATE MUST BE SENT WITH THIS FORM.**
- 2. THIS IS NOT AN INSURANCE SCHEME. GRANTS WILL ONLY BE MADE WHERE IT IS EVIDENT THAT THERE HAS BEEN FINANCIAL HARDSHIP SUFFERED DURING THE PERIOD OF INCAPACITY.**

(A) OTHER RELEVANT INFORMATION (THOUGHT TO BE USEFUL TO THE REVIEWING COMMITTEE)

(B) SELF EMPLOYED APPLICANTS (PLEASE COMPLETE THIS SECTION IN ADDITION TO THE INFORMATION PROVIDED OVERLEAF)

NATURE OF BUSINESS \_\_\_\_\_

AMOUNT OF LAST ANNUAL TAX ASSESSMENT \_\_\_\_\_

AMOUNT OF INCOME TAX PAID \_\_\_\_\_

INCOME FROM ANY OTHER SOURCE SINCE INCAPACITY \_\_\_\_\_

\_\_\_\_\_

(C) **FOR OFFICE USE ONLY**

DATE OF REVIEW \_\_\_\_\_ CASE NUMBER \_\_\_\_\_

AMOUNT OF GRANT APPROVED £ \_\_\_\_\_

CASE TO BE FURTHER REVIEWED? YES / NO

DATE CASE CLOSED \_\_\_\_\_

HON. SECRETARY \_\_\_\_\_ PASSED TO TREASURER FOR FILING \_\_\_\_\_