

Name of applicant		HFA Reference	
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PRIVATE AND CONFIDENTIAL

Trustees of Hampshire FA Benevolent Fund
 Winklebury Football Complex
 Winklebury Way
 Basingstoke
 RG23 8BF



BENEVOLENT GRANT APPLICATION FORM (ABBREVIATED)			
Full name of applicant			
Address			
Email address			
Home telephone number			
Mobile telephone number			
Date of birth/Age			
Occupation			
Income before injury	per week/month		
Income following injury	per week/month		
Current expenditure	per week/month		
Status	Married	Divorced/Separated	Single (living alone)
	Living with Partner	Sharing with Others	Living with Parents
Partner's name			
Names/Ages of dependent children			
Club			
Nature of injury			
Likely length of disablement			
Opponents			
Competition			
Date of match			

APPLICANT'S DECLARATION	
I confirm that the information contained in this application form is correct to the best of my knowledge and belief.	
Signature of Applicant	Date

CONFIRMATION BY CLUB SECRETARY/CHAIRMAN	
I confirm that the applicant is a bona-fide member of _____ FC.	
Signature of Club Official	Date

RECOMMENDATION OF AREA BENEVOLENT OFFICER	
I confirm that I have discussed the above form with the applicant and recommend payment of the grant shown to the Trustees.	
	£
Signature of Area Benevolent Officer	Date

Please return completed form to your local Area Benevolent Officer: