



BENEVOLENT FUND - APPLICATION FOR GRANT AID

Data may be typed directly into this document. When complete save and print.
When signed by applicant and Club or League official it should be posted with any supporting documentation to:

**Kent FA
Invicta House
Cobdown Park
London Road
Ditton
Nr Aylesford
Kent ME20 6DQ**

In addition email a copy of the file to info@kentfa.com

Alternatively the form can be printed and completed in black ink and posted to address above.

Part 1 - to be completed by applicant

Part 2 - to be completeby Club or League

Part 3 to be completed by Kent FA

PART 1

Name of Applicant:

Address:

Postcode

Telephone Number:

Mobile Number:

Email Address:

Date of Birth:

Format: dd/mmm/yyyy

Status of Applicant: Player - Club Official - League Official - Referee - Other

If Other please indicate:

Club Name:

League Name:

If Referee are you Member
of Referees Association: YES NO

If Yes, which Branch:

PART ONE continued

Nature of Injury or
cause of Incapacity:

Match Details:

Competition:

Date of Match:

Format: dd/mmm/yyyy

Occupation:

Employer Name/Address:

Have you lost or likely
to lose your employment:

YES

NO

Date returned to work:

State anticipated date if not yet returned

Format: dd/mmm/yyyy

Marital Status:

Single -

Married -

Civil Partnership -

Divorced -

Widowed

Names of Dependents:

Dependents Monthly Income: £

Have you previously applied to Benevolent Fund for Assistance:

YES

NO

If Yes, advise details:

Have you received or been promised any financial help from any other source:

YES

NO

If Yes, advise details:

Monthly Income before Injury / Incapacity from all sources:	£
Wages/Salary whilst Injured / Incapacitated	£
Personal Injury Insurance:	£
Statutory Sick Pay:	£
Child Benefit:	£
Family Credit / Income Support:	£
Unemployment Benefit:	£
Invalidity Benefit / Mobility Allowance:	£
State Retirement Pension:	£
Private Pension:	£
Other Income:	£
Total Monthly Income:	£

FINANCIAL DETAILS - MONTHLY EXPENDITURE

Mortgage or Rent:	£
Council Tax:	£
Telephone (Landline & Mobile)	£
Gas / Electricity / Other Fuel:	£
Food:	£
Car Expenses (Insurance/Car Tax/Petrol):	£
Hire Purchase/Credit Card/Other Loan Repayments:	£
Television (Licence and/or contracted Service e.g. Sky):	£
Other Expenses:	£
Total Monthly Expenditure:	£

PLEASE NOTE A DOCTOR'S CERTIFICATE MUST ACCOMPANY THIS APPLICATION TOGETHER WITH ANY OTHER REQUESTED DOCUMENTATION.

Signature of Applicant: _____

Date:

Format: dd/mmm/yyyy

PART TWO

Name of Club / League

Has your Club / League made a donation to the Benevolent Fund during past 12 months: YES NO

Please advise level of weekly Personal Accident Insurance your Club purchases: £

Please confirm Personal Accident Insurance has been claimed: YES NO

Please advise if Club / League is providing any other financial assistance: YES NO

If YES please advise detail:

Club / League Chairman Signature: _____

Club / League Secretary Signature: _____ Date: _____
Format: dd/mmm/yyyy

PART THREE

Name of Kent FA Member:

Report:

Recommended Grant: £

Member Signature: _____

Divisional Chairman Signature: _____

Divisional Secretary Signature: _____ Date: _____