**APPLICATION FORM (UMPIRES & NON- INTERNATIONAL PLAYERS)**

This form is for those individuals who wish to apply for a grant from Friends of Welsh Hockey. If the person who is applying for this grant is under the age of 18 then the form must be signed by a parent/guardian. If any part of this form is incomplete the application will not be considered.

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| **Section 1 – To be completed by applicant** |
| **Applicant Details** |  |  **Parents / Guardian Details (if applicant U18)** |
| Name |  |  |  Name |  |
| DOB |  |  |  Address\* |  |
| Address |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  Town / City\* |  |
| Town / City |  |  |  Post Code\* |  |
| Post Code |  |  |  \*If different from applicants |
| E-Mail |  |  |  |
| Phone number |  |  |  |
| Membership No. |  |  |  |
| **Annual Household Income (Please tick)** |  |
| < £9,999 |  |  |  |  |  |  |  |  |  |
| £10,000 - £14,999 |  |  |  |  |  |  |  |  |  |
| £15,000 - £19,999 |  |  |  |  |  |  |  |  |  |
| £20,000 - £24,999 |  |  |  | **Number of children (U18) in household** |  |  |
| £25,000 - £29,999 |  |  |  | **Does applicant receive free school meals** | Yes/No |  |
| < £30,000 |  |  |  |  |  |  |  |  |  |
|  |  |  |  |
| **Details of Grant** |  |  |  |
| A brief summary of why the grant is required – include measurable outcomes and details of sustainable results the grant will lead to (box will expand as you type) |  |
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| **Have other sources of financial support been requested (e.g. Club, Local Authority etc.)? Yes / No** |
| **Source** | **Details** |
|  |  |
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| --- | --- | --- |
| **Specify Costs (of participation for period 1st April – 31st March this year)** |  | **Applicants Declaration** |
| **Item (add rows as needed)** | **Cost** |  | By signing the below you are confirming that 1. All the information provided in this form is accurate.
2. Should you be successful in achieving a grant then you agree to abide by the term and conditions set out by Friends of Welsh Hockey.
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|  |  |  |
|  |  |  |
|  |  |  |
| Total |  |  | Applicant |  |
|  |  |  |
| Individual contribution to above costs in above year |  |  | Parent / Guardian (if Under 18) |  |
| **Total Amount Requested** |  |  |  |  |
|  | Date |  |

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| **Section 2 – To be completed by individual supporting application (e.g. WHUA Chair, Club Youth Coach)** |

Individuals’ Comments (Box will expand as you type)

Note: These are to include confirmation of the costs outlined by applicant in Part A

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**Declaration of individual supporting application**

By signing below, you are confirming that all the information provided in this form is accurate.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature  |  |  |  |
| Name |  |  |  |
| E-Mail |  |  |  |
| Phone No. |  |  |  |
| Date |  |  |  |

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| **Section 3 – Friends of Welsh Hockey use only**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date Received |  | Date Reviewed |  |

|  |  |  |
| --- | --- | --- |
| **Decision**  | Application Supported |  |
|  | Application Not Supported |  |
|  | Application Supported in Part |  |

|  |  |
| --- | --- |
| **Detail** |  |

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| **Chair of Trustees** | Name: |  | Signature: |