|  |  |
| --- | --- |
| Name |  |
| EN Membership No. |  |
| Address (inc. Post Code) |  |
| Tel No |  |
| Email address |  |
| Club |  |
| School (where applicable) |  |
| Franchise (where applicable) |  |

|  |
| --- |
| Have you requested or been granted funding, from any other source? (County, Club, School, Local Authority, Active Partnership - please give detail) |
|  |

|  |  |  |
| --- | --- | --- |
| How much funding, are you asking for? |  | The maximum available |

|  |
| --- |
| Please provide a breakdown of what expenses you require the funding to cover |
|  |

|  |
| --- |
| Any other relevant information |
|  |

|  |  |  |
| --- | --- | --- |
| Please demonstrate hardship below, either by indicating that you or your parent/guardian is in receipt of one of the following (please mark which) or by providing further details: | | |
| Job seekers allowance | Yes | No |
| Housing and/or council tax benefit | Yes | No |
| In work credits | Yes | No |
| Child tax credits | Yes | No |
| Working tax credits | Yes | No |
| Income support | Yes | No |
| An invalid care allowance | Yes | No |
| Disability care allowance | Yes | No |
|  | | |
| If you are experiencing financial hardship but are not in receipt of any of the above benefits, please provide detail below: | | |
|  | | |

I confirm that all the information I have provided on this application form is, to my knowledge, complete & correct.

I agree that I have read and, if successful, will abide by the terms and conditions in GCNA’s Financial Support Policy

|  |  |
| --- | --- |
| Signed by applicant (or parent/guardian if under 18): |  |
| Please print name: |  |
| Relationship to applicant if applicable: |  |
| Date: |  |

Please complete and send to Lesley Thomas, Hon. Secretary, GCNA

lesley.thomas@glos-netball.org.uk

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### *GCNA Decision*

Matter Discussed (date) ………………………………………………………

Amount Awarded ………………………………………………………

Date Paid ………………………………………………………