



**Letchworth Garden City Eagles Youth Football Club
James Harpur Player Support Fund
Application Form**



This form to be completed by the Parent / Guardian of the player and submitted to the Club Welfare Officer (details on the CLUB website). Please complete all sections and answer all questions.

Player's Name.....

Team Name.....

Parent / Guardian Name.....

Address.....

Telephone.....

Email Address.....

Brief reasons for seeking assistance.....

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| Is this your first application for support from the fund? | YES / NO |
| If no was the application granted? | YES / NO |
| Is the Player in receipt of free school dinners | YES / NO |
| Does the Player have a brother or sister playing for the Eagles? | YES / NO |
| If yes how many brothers / sisters? | |
| Which team do they play for | |
| Are you a single parent? | YES / NO |
| Is either parent / guardian in employment | YES / NO |
| What is the amount of financial assistance requested? | £..... |

Signed.....

Date.....

**APPLICATIONS WILL BE CONSIDERED BY A COMMITTEE
CONSISTING OF A MINIMUM 3 MEMBERS AS SET OUT IN THE FUND
RULES LOCATED ON THE CLUB WEBSITE**

**THIS APPLICATION FORM WILL BE RETAINED BY THE CLUB
WELFARE OFFICER**