

Ware Youth Football Club  
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 ……………………….   
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 RULES LOCATED ON THE CLUB WEBSITE THIS APPLICATION FORM WILL BE RETAINED BY THE CLUB WELFARE OFFICER**