



CARING FOR THE
MEN, WOMEN AND CHILDREN
OF THE RUGBY LEAGUE COMMUNITY

Men of League Foundation Grant Application Form

Thank you for approaching Men of League Foundation for assistance. The grant application forms attached are the next step in the process of assessment.

We understand that individual circumstances vary and everyone has a different story. In order for us to better understand you, your needs, if you qualify for assistance and, if so, how we can best help, please provide all supporting documentation to ensure a thorough and timely review of your eligibility and individual requirements.

This **MUST** include documents such as:

- Previous year's tax return
- Copies of rent or mortgage payments
- Bank Statements
- Utility bills
- Doctor's referrals and medical information

You can be assured that all information that you provide to us is treated strictly confidentially. Please go to our website www.menofleague.com to view our privacy policy. However we may need to verify or supplement the information provided and for that purpose we ask that you provide us with all necessary consents including permission to disclose your information provided for that purpose.

Applications for assistance are all assessed by our Wellbeing Manager and our Wellbeing Committee. We know that this is a stressful time, so we'll consider your application as soon as possible. You will hear from us with a decision within 30 days of us receiving your fully completed application.

If you are having any trouble completing the application form or have any questions, we're here to help. So please contact us directly on 02 8765 2232 for any assistance.

Kind regards,

Jessica Macartney

National Manager Wellbeing



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Men of League Foundation

Grant Application Form

Please note, your application will be delayed if this form is not completed in full
Please write Nil or N/A where appropriate

Application date	Received date

Referring committee		Committee member	
Council region			

Applicant's Name			
Address			
Suburb/Town		State	Postcode
Home Phone		Mobile	
Email			
Date of Birth		Membership No.	
Rugby League Involvement			

Current Health	Poor	Average	Good
Illness/Disability		Do you smoke?	Y N
Alcohol intake <i>(standard drinks p.w)</i>		Are you of Aboriginal / Torres Strait Islander descent	Y N
Are You Currently on a NDIS Package			
Health insurer		Policy no.	
Doctor's name and address			
Treatment <i>(brief description)</i>			
Relationship status <i>(single/married/de facto)</i>		No. dependants	

Please supply supporting documentation for the above

Assets		Liabilities	
House property	\$	Mortgage	\$
Address		(Total amount owing)	
House contents	\$	Financial institution	
Other properties	\$	Personal loans	\$
Address		Financial institution	
Vehicle	\$	Investment loans	\$
Make/model/year		Financial institution	
Cash savings	\$	Credit card debt	\$
Account type		Financial institution	
Bank/branch		Other liabilities	\$
Term deposits	\$	Store accounts	\$
Shares	\$	Outstanding utilities	\$
Other	\$	Other	\$
Super	\$		

TOTAL	\$	TOTAL	\$
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Please supply supporting documentation for the above

Income per month		Outgoings per month	
Current employer		Mortgage payment	\$
Employer's phone		Personal loans	\$
Position (FT/PT/Casual)		Investment loans	\$
Net income (after tax)	\$	Rent	\$
Spouse's employer		Credit card	\$
Spouse's net income	\$	Medical expenses	\$
Other income	\$	Living costs	\$
Government benefits	\$	Utilities	\$
Investments	\$		
Super	\$		

TOTAL	\$	TOTAL	\$
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Please supply supporting documentation for the above

Are you in receipt of any Government support?	Yes	No
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<p>If yes, 1. What is the nature of this support? 2. What is the approximate monthly benefit in each category that you receive?</p>	Federal Government Assistance eg. disability pension, Centrelink	\$
	State Government Assistance eg. car registration	\$
	Local Government Assistance eg. rate relief	\$

Please state specifically what type and level of assistance will give you the most benefit.

In your own words, indicate what assistance is required, your current financial deficit and how you think the Men of League Foundation can improve your quality of life.

Please avoid answers like **“any assistance Men of League Foundation can afford”**. Please be more specific with your requests to help the Wellbeing Committee make a decision.

Amount requested	\$
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Have you received any assistance from Men of League Foundation, other charitable organisations? If yes, please provide details	
How did you first hear about the assistance Men of League could provide?	

If you are successful with your application, would you be willing to provide a testimonial to demonstrate the work we do? (Please circle)	Yes	No
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I acknowledge that the Men of League Foundation Grants Committee and National Board will consider this application on its merits and within the rules established by the resolutions of the Board and the memorandum and Articles of Association. I further acknowledge that I may be required to supply further personal financial information to support this application. Verification of this information provided by me may be required and I will provide the necessary consents on requests. I accept that the decision of the Board will be final and no further correspondence will be entered into and that the information contained herein shall remain confidential unless I agree to the publishing thereof.

Signature of applicant	
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Local committee recommendation (please include explanation)

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Total amount	\$	Committee member	
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Signature	
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Please return this form with any supporting documentation to your State Manager

Men of League Foundation

02 8785 2232 | menofleague.com

Level 3 Eastern Grandstand ANZ Stadium, Sydney Olympic Park NSW 2127 | PO Box 7049 Silverwater NSW 2128