

Men of League Foundation Grant Application Form

The Men of League Foundation exists as a membership-based Not for Profit charity to provide emotional, physical and financial support to past players, grassroots players, administrators, referees and volunteers and their children across all affiliated levels of the game of rugby league who are in necessitous circumstances.

Necessitous circumstances describe a person whose financial resources are insufficient to enable him/her to obtain all that is necessary, not only for a bare existence, but for a modest standard of living in the Australian community.

As we are a charitable organisation and strive to ensure that we can help as many applicants as possible, the Foundation is guided by our Standard Operating Procedures Policy that outlines the requirements under which grant applications are considered.

We understand that individual circumstances vary and everyone has a different story. For us to better understand you, your needs, if you qualify for assistance and, if so, how we can best help, please complete the attached grant application and provide supporting documentation as requested. This will ensure a thorough and timely review of your eligibility and individual requirements can be undertaken.

Essential documents include:

- Bank statements (previous three months)
- Proof of incomings, including any Centrelink support being received
- Current Medical Certificate outlining illness/disability and impact on quality of life (if relevant)
 - Quotes (at least two) for equipment or work included in the application
 - Super information

You can be assured that all information that you provide is treated strictly confidentially. Please visit our website www.menofleague.com to view our privacy policy.

Applications for assistance are assessed by our National Wellbeing Lead and National Wellbeing Committee. We appreciate that this is a stressful time, so will endeavour to consider your application and provide you with an outcome as soon as possible.

If you require any additional support to complete your application or have any questions, we're here to help. Please contact your local Wellbeing Officer or National Office on 02) 8756 7180 for assistance.

Kind Regards,

R Moates

Roxanne Moates
National Wellbeing Lead



Men of League Foundation Grant Application Form

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

Application date	Received date

Referring Committee				
Committee Member				
Applicant's Name				
Address				
Suburb/Town			State	Postcode
Home/Mobile Number				
Email				
Date of Birth			Membership Number	
Rugby League involvement (please provide details of your contribution to Rugby League)				
Which NRL team do you support?				
Whattype of hardship are you experiencing?	Illness Other:	Injury Disabili	ity Financial	Bereavement
hardship are you		Injury Disabili	ity Financial	Bereavement
hardship are you experiencing? Please provide details	Other: Mental Gambling	Health Alcohol Support Financi	and Other Drugs	Housing Rehabilitation
hardship are you experiencing? Please provide details of your current situation Do you require additional support or	Other:	Health Alcohol Support Financi	and Other Drugs	Housing Rehabilitation
hardship are you experiencing? Please provide details of your current situation Do you require additional support or	Other: Mental Gambling Family Viole	Health Alcohol Support Financi ence Smoking C original	and Other Drugs ial Counselling essation Othe	Housing Rehabilitation er:
hardship are you experiencing? Please provide details of your current situation Do you require additional support or referrals? Do you identify as an Indigenous Australian?	Other: Mental Gambling Family Viole	Health Alcohol Support Financi ence Smoking C	and Other Drugs ial Counselling essation Othe Forres Strait Isla Islander	Housing Rehabilitation
hardship are you experiencing? Please provide details of your current situation Do you require additional support or referrals? Do you identify as an	Other: Mental Gambling Family Viole	Health Alcohol Support Financi ence Smoking C original	and Other Drugs ial Counselling essation Othe	Housing Rehabilitation er:

Assets		Liabilities	
House (Value)	\$	Mortgage	\$
Address		(Total amount owing)	
House contents	\$	Financial institution	
Otherproperties	\$	Personal loans	\$
Address		Financial institution	
Vehicle	\$	Investment loans	\$
Make/model/year		Financial institution	
Cashsavings	\$	Credit card debt	\$
Account type		Financial institution	
Bank/branch		Other liabilities	\$
SUPER	\$	Storeaccounts	\$
Term deposits	\$	Outstanding utilities	\$
Shares	\$	Other	\$
Other	\$		

TOTAL	\$	TOTAL	\$
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Income per month		Outgoings per month	
Current employer		Mortgage payment	\$
Position (FT/PT/Casual)		Personal loans	\$
Net income (after tax)		Investment loans	\$
Spouse's employer		Rent	\$
Spouse's net income	\$	Credit Card	\$
Otherincome	\$	Medical Expenses	\$
Government benefits	\$	Living Costs	\$
Investments	\$	Utilities	\$
Super	\$		

TOTAL \$	TOTAL	\$
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Are you a current NDIS participant?	Yes	No
Are you in receipt of any Government support?	Yes	No
If yes, 1. What is the nature of this support? 2. What is the approximate monthly benefit in each category that you receive?	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. The more specific you can be will assist the National Wellbeing Committee make a decision.		
Please avoid answers like "any assistance the Men of League Foundation can afford."		
Amount requested	\$	
Have you received any assistance from the Men of League Foundation, or other charitable		
organisations, previously? If yes, please provide details.		
How did you first hear about the		
assistance that the Men of League Foundation could provide?		

You have the right to confidentiality and privacy in regard to the outcome of your Men of League Foundation grant application. However, the Foundation does find sharing the testimony and stories, with your consent, about the assistance we provide helps to extend our reach and enhance our ability to assist more people.

Are you willing to participate in sharing your story?

Restrictions:

Yes

No

I understand that by giving my consent, the Men of League Foundation may use the photograph, video or audio recording taken of me. The Men of League Foundation may reproduce the image/s in any form, in whole or in part, and distribute the works by any medium (including online, social media. Direct mail, flyers, publications, case study, newsprint and multimedia) for the purposes of education, promotion, fundraising and marketing.

I understand that the Men of League Foundation:

- will not pay me for giving this consent or for the use of my image(s)
 - may keep the image(s) on record until I revoke my consent
- will return or destroy images if I withdraw this consent, with the exception of those already published
 - may use the image in the future, unless I specify limitations for its use, and
 - will not infringe the rights of any third party by exercising its rights given in this consent.

I give consent to the Men of League Foundation to make, use and/or retain an image(s) that may identify me, my child or an individual for whom I have authorised decision-making responsibility.

I understand that I can withdraw or modify my consent at any time in writing to the Men of League Foundation, PO Box 7049, Silverwater, NSW, 2128 or via email to wellbeing@menofleague.com or by calling (02) 8756 7180.

If you have restrictions you want to apply to the use of your personal information, please list them here (eg, cultural considerations, usage restrictions, expiry of consent, etc.).

First Name		Last Name	
Signature		Date	
Guardian in	formation		
Guardian information (if consenting for a minor or a person with a decision – making disability)			
First Name		Last Name	
Ciamotura		Dete	
Signature		Date	

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 Foundations Wellbeing Standard Operating Procedures. I further acknowledge that I may be required to supply additional personal financial information to support this application. Verification of this information provided by me may be required and I will provide the necessary consents and requests. I accept 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				
Local committee recommendation (please include explanation)				
Total amount	\$	Committee member		
Signature				

Please return this form with any supporting documentation to your Local Committee Representative

Men of League Foundation

(02) 8756 7180 | menofleague.com PO Box 7049 Silverwater NSW 2128