



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

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



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

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?				
What type of hardship are you experiencing?	Illness	Injury	Disability	Financial
	Bereavement			
	Other:			
Please provide details of your current situation				
Do you require additional support or referrals?	Mental Health			
	Alcohol and Other Drugs			
	Housing			
	Gambling Support			
	Financial Counselling			
	Rehabilitation			
	Family Violence			
	Smoking Cessation			
	Other:			
Do you identify as an Indigenous Australian?	Aboriginal		Torres Strait Islander	
	Aboriginal and Torres Strait Islander			No
Do you have private health insurance?	Yes	No	Policy Number	
Relationship status (single/married/de facto)			Number of dependents	

Assets		Liabilities	
House (Value)	\$	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	\$
SUPER	\$	Store accounts	\$
Term deposits	\$	Outstanding utilities	\$
Shares	\$	Other	\$
Other	\$		

TOTAL	\$	TOTAL	\$
--------------	----	--------------	----

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	\$
Other income	\$	Medical Expenses	\$
Government benefits	\$	Living Costs	\$
Investments	\$	Utilities	\$
Super	\$		

TOTAL	\$	TOTAL	\$
--------------	----	--------------	----

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?	
---	--

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