 APPLICATION FORM

Securing Children’s Access and Retention in Football

The SCARF (Securing Children's Access and Retention in Football) Fund has been set up by Northumberland Football Association to provide financial assistance and/or relief to young players who are in danger of dropping out of the affiliated game due to financial barriers.

All payments will be made via The Northumberland Football Association Benevolent Fund (252433) which makes grants to individuals in need of assistance. Payments will be made directly to the child's club to ensure their retention in grassroots football. All applications must be supported by the Northumberland FA affiliated club.

Please ensure you complete this form honestly and in its entirety. Fraudulent applications to the fund will be reported.

This funding window will be open until 28 February 2021.

If you need any assistance in completing this application, please contact info@northumberlandfa.com.

Name of Child:

What does the grant need to cover i.e. Club subs, kit, travel (i.e. bus or train ticket to local event), food vouchers to attend an event, entry fees to tournaments etc?

Date the grant cover is ideally requested to start? *Northumberland FA will endeavour to provide cover from a requested date when possible.*

Football Club:

Team:

How long has the child played for the club?:

Name of Person making application and contact information:

Relationship to child:

Child’s Address:

Child’s FAN number:

Date of Birth:

Please outline any support that the child's club has previously or is currently providing the child? *Please ensure you include as much detail as possible to support the application*

Please outline the child's family circumstance which has led to the application to SCARF being made? *Please ensure you include as much detail as possible to support the application*

Total grant amount requested? *Limit of £150.00 per child*

Please explain how this grant will help retain the child in football? *Please ensure you include as much detail as possible to support the application*

Please outline any other support the child has previously or is currently receiving? For example: Free School Meals*. Please ensure you include as much detail as possible to support the application*

Please provide any further details which may support the application to the SCARF fund?

Print name of person completing this form:

Signature:

Date: