A red shield with a lion and a blue line

AI-generated content may be incorrect.

**Financial Assistance Application Form**

This form is to be completed by parents/guardians requesting a reduction in cricket fees due to financial hardship or other circumstances. All information provided will be treated as confidential.

## Section 1: Applicant Details

Player’s Full Name: ………………………………………………………………………………………………………

Date of Birth and age group (eg EEP U13 etc): ….……………………………………………………………

Parent/Guardian Name: ……………………………………………………………………………………………….

Contact Number: ………………………………………………………………………………………………………….

Email Address: …………………………………………………………………………………………………………….

Home Address: ……………………………………………………………………………………………………………

## Section 2: Details of Fee Reduction

Details of Activity you are asking for a reduction for (eg. U13 Winter coaching/Kit)………………………………………………………………………………………………………………..

Cost of activity: £………………………………………………………………………………………………...………..

Requested Subsidy/Reduction: £……………………………………………………………………………………

## Section 3: Reason for Subsidy Request

Please outline your circumstances and why you are requesting a reduction in fees (financial hardship, multiple family members registered, unemployment, etc.):

………………………………………………………………………………………………………………………………………..  
………………………………………………………………………………………………………………………………………….

## Section 4: Supporting Evidence Included (please tick)

* Recent Documentation confirming eligibility for free school meals, universal credit or other relevant benefits
* Recent P60, payslips or self assessment summary demonstrating threshold
* A supporting statement outlining personal circumstances, together where possible by an external reference (e.g. School, community leader)

## Section 5: Declaration

I declare that the information provided in this application is true and correct. I understand HCL Financial Assistance Panel will review my request and may contact me for further information.

Signature of Applicant……………………………………………………………………………………………………..

Date: ……………………………………………………..

## For Office Use Only

Date Received: …………………………………………

Committee Decision: ☐ Approved  ☐ Declined  ☐ Partial Subsidy

Subsidy Granted: £\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notes: …………………………………………………………………………………………………………………………..

Reviewed By: …………………………………………………………………………………..Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_