



WCNA Financial Support

WCNA are committed to supporting people who genuinely experience financial hardship and have agreed a fund of £1000 to be available annually, with a maximum limit of £100 per person, per financial year (May – April).

What will the Support Fund Cover?

The fund will not pay out cash payments, all requests must be for a fee or service that we can pay on the members behalf, relating only to Wiltshire County Netball. For example: Pathway fees or kit. There is a separate form for Coaching and Officiating courses.

Who Qualifies?

To qualify you must be affiliated to England Netball and registered to Wiltshire County Netball.

How to Apply

Applications for a support fund payment must be made via the Support Fund Request Form. These should be sent to the Wiltshire County Chair along with any supporting documents (e.g proof of costs). The request will be assessed by the Executive Committee who will vote on the request to either approve or decline. If declined a valid reason will be provided.

Terms and Conditions

If the support payment relates to physical goods such as kit this kit remains the property of WCNA and if the member decides to leave/not continue with the programme then this must be returned.

All payments will be one off payments for that season/year/course without commitment to paying for future or ongoing fees. Each request will be treated individually, and members will need to re-apply if they require further funding.

Please send completed form, with the supporting documentation, to the Wiltshire County Chair via email wcnachair@outlook.com

Members Name:		Affiliation No:	
Address:		Contact No.	
Email:			
Amount Requested:	£		
Reason for request (please tick):			
Kit / Uniform		Pathways	
		Affiliation	
		Courses	
Other (please specify)			
Personal Statement:			
Please provide details as to why you are requesting financial support, including the benefit to both yourself and the county.			
Other Funding:			
Please list other organisations you have approached for support / details of any support received.			

I declare that the information I have provided is accurate and I consent to WCNA to using this information to process my request for financial support.

Name:		Date:	
Signature:			