

Y'S MEN INTERNATIONAL

BF2-1

Brotherhood Fund Delegate Application Form

Full Grant

Partial Grant

(Please attach a visiting card or address label and e-mail address)

Please use typewriter – or write in BLOCK LETTERS.

To be filled in by all persons applying for a Brotherhood Fund grant, in duplicate.

1. REFERENCE NUMBER of proposed trip according to BF Delegate Plan (in order of preference):

1) _____ 2) _____

(Only for Full Grant applicants)

2. PERSONAL INFORMATION

a) Name: _____ b) Age: _____ c) Sex: _____ d) Marital Status: _____

e) Address: _____

f) Telephone H: _____ g) Fax: _____

h) Telephone O: _____ i) E-mail: _____

j) Will be accompanied on BF trip by: _____

k) Languages spoken: 1) Fluently: _____

2) Able to converse reasonably in: _____

3) Able to understand: _____

l) Occupation: _____ m) Member in Y'sdom since: _____

n) Home Club: _____ o) Number of members in Home Club: _____

p) Region: _____ q) Area: _____

r) Offices held in local Club, District and Region:

Office: _____ Year: _____ Office: _____ Year: _____

Office: _____ Year: _____ Office: _____ Year: _____

s) Have you ever received Brotherhood Fund assistance before? Yes _____ No _____

If yes, when? _____ How much? _____

3. CLUB INFORMATION: Important! Must be answered by applicant and verified by Regional Director from official records.

a) Did your club obtain an Alf Reynolds Award last year? Yes _____ No _____

b) Is local club fully up-to-date with its Regional/Area/International obligations?

(Reports, rosters and dues): _____

c) Brother Clubs (indicate names): _____

4. Explain your background and experience in the field of Y'sdom stated as the purpose of this particular grant in the BF Delegate Plan:

* Send one copy of this form to your Regional Director.

* Send one copy to your Area President for information.

* Send one copy to **BF ECC Tor Bäckman, Mörskomvägen 19, 6500 Borgå, Finland**
(arja.siren-backman@pp1.inet.fi)

(Place and date)

(Signature)

