

# 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: Former ICM ? Yes: \_\_\_ No: \_\_\_

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 Regnar Nielsen, Lindevej 18, DK 6240 Logumkloster, Denmark**

\_\_\_\_\_  
(Place and date)

\_\_\_\_\_  
(Signature)

