

Special Circumstances

Please state any circumstances which you would like us to specially consider:

The Scottish Federation of Grocers and Provisions Merchants' Associations was founded in 1918.

Through its associate organisations, the Federation offers members a wide range of professional services as well as information and advice on all aspects of the retail trade.

For office use only:
Almoner's Report

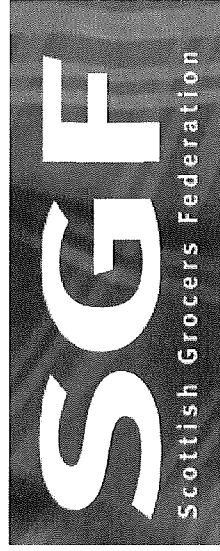
Date received: _____
Date considered: _____
Date grant approved: _____

I herewith apply for assistance from the Scottish Grocers' Federation Benevolent Fund and declare that answers to all questions contained herein are true and correct.

Signed: _____

Date: _____

**THE SCOTTISH
GROCCERS' FEDERATION
BENEVOLENT FUND**



**In association
with
the Scottish Grocers' Federation**

Federation House
222 Queensferry Road
EDINBURGH, EH4 2BN
Tel: 0131 343-3300
Fax: 0131 343-6147
Email: info@scotgrocersfed.co.uk

APPLICATION FOR ASSISTANCE

Please answer all questions as fully as possible. All information will be treated in the strictest confidence. (Please use block capitals).

The Fund
The Scottish Grocers' Federation Benevolent Fund was founded in 1924 with the gift of £5,000 from Sir Alexander Grant, the then head of McVitie and Price Ltd.

The purpose of the Fund is to grant practical aid to past members or employees of the grocery trade in time of need.

Grants
According to the rules of the Trust Deed, only income from the investments and donations can be distributed, subject to the approval of the Trustees.

Each beneficiary has an almoner appointed by the Fund, so that the beneficiary's welfare can be regularly monitored and any special needs met.

Assistance
If you would like to apply for assistance from the Fund, please complete this form and return it to the address shown.

Space is provided on the form for you to detail any special circumstances that you may wish us to take into account.

If you are currently under care outwith your own home, please indicate: Yes/No (please circle one)

If yes, please provide details:

Full name: _____

Address: _____

Post Code: _____

Telephone: _____

Married/Single/Widow(er): (please circle one)

Members of the family

Name _____

Age: _____ Occupation: _____

Resident with you: Yes/No (please circle one)

Name _____

Age: _____ Occupation: _____

Resident with you: Yes/No (please circle one)

Name _____

Age: _____ Occupation: _____

Resident with you: Yes/No (please circle one)

Name _____

Age: _____ Occupation: _____

Resident with you: Yes/No (please circle one)

Do your family members assist you? If so, to what extent:

Contribution to household costs: _____

Regular payments _____

INCOME AND EXPENDITURE

Particulars of income per annum:

Earnings _____

Property _____

Investment and Bank Interest _____

State Pension _____

Private Pension _____

Family Assistance _____

Any other income _____

Total INCOME per year: _____

Particulars of outgoings per annum

Rent _____

Council Tax _____

Gas _____

Electricity _____

Telephone _____

Other expenditure _____

Total OUTGOINGS per year _____