

# HUNT STAFF BENEFIT AND DEVELOPMENT FOUNDATION

*Application for Benefit Assistance*

**PLEASE PRINT CLEARLY**

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## Section 1: Applicant Information

**Full Name of Applicant**

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**Current Mailing Address**

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**City**

**State / Province**

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**ZIP / Postal Code**

**Country**

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**Primary Phone Number** *(please indicate: Mobile / Landline)*

**Type of Phone**

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## Section 2: Hunt Employment History

Please list a minimum of three (3) years of employment with MFHA member hunts. Include the name of each hunt and the role or position held during each season.

Years Served	Name of Member Hunt	Role / Position

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### Section 3: Hunt Providing Assistance

Please identify the member hunt that is currently providing support for this applicant (if any).

**Name of Hunt Providing Assistance**

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**Contact Name at That Hunt** *(Master, Hunt Secretary, or designee)*

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**Contact Phone**

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**Contact Email**

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### Section 4: Description of Situation

Please describe the circumstances that have given rise to this application. Focus on the nature of the situation rather than a detailed account of the problem. Include relevant background that will help the Foundation understand the context of the need.

*Describe the situation (e.g., unexpected illness, injury, loss of employment, family hardship) without recounting grievances or dispute details. The HSBDF is concerned with understanding your current circumstances and needs.*

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## Section 5: Duration and Nature of Support Requested

**Type of Assistance Requested** (e.g., financial, housing, medical, other)

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**Brief Description of How Assistance Would Be Used**

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**Duration of Support Requested**

*Benefit assistance is granted for a maximum of one (1) year. Renewal may be considered in extraordinary circumstances upon reapplication and review. Indicate the anticipated duration below.*

**Estimated Start Date**

**Duration Requested**

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**Is this a renewal application?**

Yes       No

**If renewal, briefly describe the extraordinary circumstances justifying continued support:**

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## Section 6: Letters of Support

Two (2) letters of support are required from current or former Masters of Foxhounds. Letters must be submitted on behalf of the applicant and speak to the applicant's character, service to the hunt staff community, and the legitimacy of the need.

*Letters must be signed and submitted directly to the Foundation by the supporting Master. Letters may be mailed to the HSBDF or submitted via email to the Foundation's designated address. Please inform your supporters that letters should accompany or precede this application.*

### Supporting Master #1

Name of Master

Hunt Affiliation

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Phone

Email

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### Supporting Master #2

Name of Master

Hunt Affiliation

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Phone

Email

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## Section 7: Applicant Certification

By signing below, I certify that all information provided in this application is true and accurate to the best of my knowledge. I understand that the Hunt Staff Benefit and Development Foundation reserves the right to verify information and that any misrepresentation may result in disqualification or rescission of benefits.

Applicant Signature

Date

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Print Name

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Please return the completed application to the Hunt Staff Benefit and Development Foundation at [office@mfha.com](mailto:office@mfha.com)

*Applications are reviewed on a rolling basis. For questions, contact the MFHA office at 540-883-0883*