



# THE BENSON M. ABERCROMBIE '21 FUND

## GRANT APPLICATION

Please return this form and accompanying documentation to the Harvard Varsity Club at:  
Murr Center | 65 North Harvard Street | Boston, MA 02163 | [hvc@fas.harvard.edu](mailto:hvc@fas.harvard.edu)

Date of application: \_\_\_\_\_

Legal name of applicant: \_\_\_\_\_

Legal name of grantee (if different from applicant): \_\_\_\_\_

Harvard College class year of grantee: \_\_\_\_\_

Contact person, relationship to applicant: \_\_\_\_\_

Contact email: \_\_\_\_\_ Contact phone: \_\_\_\_\_

Contact address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Purpose of Grant: Briefly describe the injury incurred by a current Harvard student-athlete and any other circumstances regarding this grant request. \_\_\_\_\_

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### Required Documentation:

Please list below any/all invoices & bills to be covered by the Benson M. Abercrombie '21 Fund. Copies of all invoices/bills must be submitted with this grant application to the address above or scanned and emailed to [hvc@fas.harvard.edu](mailto:hvc@fas.harvard.edu). The Harvard Varsity Club will not make any grant without appropriate documentation.

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