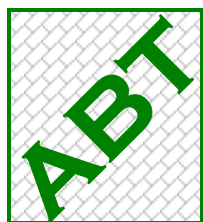


# ASHBURTON BENEVOLENT TRUST



c/- Braided Rivers Community Trust  
Level 2, 161 Burnett Street  
P O Box 217, ASHBURTON  
PHONE: (03) 307-5911  
Email: [ashbentrust@gmail.com](mailto:ashbentrust@gmail.com)

## APPLICATIONS FOR GRANTS

### THE TRUST

The specific objects for the Trust are summarised as follows:-

1. To assist and support the special needs of young people who suffer physical or mental handicap or who need assistance to improve their conditions of life.
2. To support vocational training and other educational or employment initiatives that are considered likely to assist young people to obtain gainful employment (especially those who have been unemployed or are vocationally disabled).
3. To support, initiatives for the character development of young people or the rehabilitation or recovery of any person or persons considered to be at risk to themselves or others.
4. To assist with the medical, palliative or surgical needs (including specialised treatment, surgery and palliative care outside New Zealand) of people normally residing in New Zealand and for their immediate and continuing care and associated needs.
5. To provide some form of happiness or comfort on a compassionate basis to meet the wishes or needs of a child residing in New Zealand with an incurable illness.
6. To grant bursaries or scholarships for the purposes of promoting and actively assisting in the promoting of the aforesaid objects of the Board.

The Settlers have indicated to the Trustees a preference for grants to be made in such a way that they shall confer the greatest possible benefit upon the residents and potential residents of the Ashburton District.

All applications for grants from the Trust must be for purposes which fit the above Objects.

### SUBMISSION OF APPLICATIONS

All applications must be on a Trust application form, copies of which are available from the Secretary. The form is designed specifically so that it will provide the Trustees with the information they need when considering the application. It is important that the form be completed fully and accurately, as this will avoid unnecessary additional administration.

The Trustees meet on the last Thursday of the month to consider applications. You will be notified by mail after the meeting, with a decision from the Trustees.

For urgent submissions please contact the Secretary.

**TRUSTEES:** ANNE FLEMING JACKIE GIRVAN STEPHEN MILLICHAMP  
**SECRETARY:** ANGELA TROTT

# ASHBURTON BENEVOLENT TRUST

P O BOX 217, ASHBURTON.  
EMAIL: [ashbentrust@gmail.com](mailto:ashbentrust@gmail.com)

## APPLICATION FOR GRANT

A. Applicant's full name: .....

Age: .....

Address: .....

.....

Parents Occupation/s: .....

Contact Telephone Number: .....

B. Purpose for which Grant to be used: (Please explain fully including why it is necessary and/or desirable. Attach separate page if necessary).

.....  
.....  
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.....  
.....  
.....  
.....

C. Total Financial Assistance requested:

TOTAL COST \$.....

Less own cash available – please state the amount you can contribute \$.....

Other sources \$.....

**GRANT APPLIED FOR** \$

D. Financial information concerning applicant

Household income (please circle):

Under \$20,000    \$20,000 to \$35,000    \$35,000 to \$60,000    Over \$60,000

**Please complete the attached monthly statement of your income and expenditure.**

Number of dependant children in the family: .....

Age/s of dependant children in the family: .....

Do you receive financial assistance from Work & Income NZ?                      Yes / No

E. Assistance from other Sources: (Please list names of other bodies approached for assistance and the amount applied for).

F. Referees: (List names of two persons from whom the Trustees may obtain an opinion on the application in confidence. Include their addresses and telephone numbers).

I/We hereby apply for a grant from the Ashburton Benevolent Trust. I/We undertake to proceed with the Project in the event of a grant and to comply with any conditions imposed by the Trust.

If receiving a benefit from Work & Income New Zealand:

I/We consent to the Trustees obtaining information from Work & Income New Zealand regarding the rate and frequency of my benefit.

Signed \_\_\_\_\_  
Applicant/Parent/Caregiver

\_\_\_\_\_  
Date

Name (Please Print) \_\_\_\_\_

Correspondence Should be Addressed to: (if different to Applicant)

Name: .....

Address: .....  
.....

Contact Telephone Number: .....

## Monthly Statement of Income & Expenditure

### **Income**

Wages	.....	
Family Assistance	.....	
Benefits	.....	
Allowances	.....	
Other	.....	
<b><u>TOTAL 1</u></b>		.....

### **Expenses**

Rent/Mortgage Payments	.....	
Rates/House Maintenance	.....	
Power	.....	
Phone	.....	
Food	.....	
Petrol/Car Expenses	.....	
Car Payments	.....	
Insurance	.....	
Education	.....	
Savings	.....	
Medical	.....	
Loans/HP's	.....	
Credit Card Re-Payments	.....	
Personal/Clothing/Footwear	.....	
Entertainment/Activities	.....	
Other	.....	
Other	.....	
Other	.....	
<b><u>TOTAL 2</u></b>		.....

<b><u>Surplus/Deficit (Total 1 – Total 2)</u></b>		.....
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