Ashburton Benevolent Trust

c/- Braided Rivers Community Trust
Level 2, 161 Burnett Street
PO Box 217, Ashburton
03 307 5911
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.

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 or online at *www.braideriverscommunitytrust.co.nz*. The form is designed specifically to 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.

Application Review & Notification

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

For urgent submissions please email the Secretary.
ashbentrust@gmail.com

Trustees:
Michelle Hosking | Jackie Girvan | Stephen Millichamp
Secretary: Angela Trott

Application Details:

Applicant's Full Name:
Phone:
Email address:
Postal address:
Physical address:

Applicant's Age:
Applicant's Parents Occupations:
(This only applies to those under the age of 18 years of age.)

Correspondence Details:

☐ *Tick here and complete the details below if you would like correspondence sent to a different person or address.*

Full Name:
Phone:
Email address:
Postal address:

Purpose for which Grant is to be used:

Please explain fully why the grant is necessary and/or desirable.
Include any relevant background information that may assist the Trustees in considering your application.

Attach a separate page or upload additional information if necessary.

Financial Assistance Requested:

Please provide a breakdown of the total cost, any personal contribution you are able to make, and any funding received from other sources.

Total Cost of the Expense(s):	$
Your Contribution:	$
Other Funding Sources:	$
Grant Amount Requested:	$

Have you applied for funding from other sources for this purpose?

if **YES**, please list any organisations you have approached for funding, including the amount requested or received.

$
$

Financial Information:

Please provide the following financial information to support your application.

Household Income:

- ☐ under $20,000
- ☐ $20,000 - $35,000
- ☐ $35,000 - $60,000
- ☐ over $60,000

Household Members

Name	Age	Relationship to Applicant

Do you recieve financial assistance from Work & Income NZ

- ☐ Yes
- ☐ No

MONTHLY Statement of Income & Expenditure:

Please provide the following financial information to support your application.

MONTHLY Income

Wages	$
Family Assistance	$
Benefits	$
Allowances	$
Other	$
TOTAL (1)	$

MONTHLY Expenses

Rent/Mortgage Payments	$
Rates/House Maintenance	$
Power	$
Phone	$
Food	$
Petrol/Car Expenses	$
Car Payments	$
Insurance	$
Education	$
Savings	$
Medical	$
Loans/Afterpay / Hire Purchase	$
Credit Card Re-Payments	$
Personal/Clothing/Footwear	$
Entertainment/Activities	$
Other	$
Other	$
Other	$
TOTAL (2)	$

Monthly Balance $
Total (1) less Total (2)

Trustees:
Michelle Hosking | Jackie Girvan | Stephen Millichamp
Secretary: Angela Trott

Applicants Referees:

Please provide the names, addresses, telephone numbers of two referees who can support your application. Referees must not be family or friends and should be from an organisation, agency, or other professional connection.

Referee's Full Name:
Phone:
Email address:
Postal address:

Referee's Full Name:
Phone:
Email address:
Postal address:

Applicants Declaration:

I/We hereby apply for a grant from the Ashburton Benevolent Trust and declare that the information provided in this grant application is true and correct, to the best of our knowledge.

I/We undertake to proceed with the Project in the event of a grant and to comply with any conditions imposed by the ABT.

I/We hereby consent to referees to be contacted by ABT.

I/We give permission for ABT to contact the representative who helped with or referred my/our application to obtain more information in support of my/our application.

Signed:

Date:

Full Name:

Please attach or upload any supporting documents.
If you have any queries please contact: Angela Trott ashbentrust@gmail.com