

ANGLICAN CARE CHARITABLE TRUST ST ANDREWS FAMILY TRUST



If you need any assistance with this funding application please contact: Gerrie Mead
Office: 03 548 3124 Email: socialservices@nelsonanglican.nz

Application for Funding from Anglican Care & St Andrews Trust Funds

Applications are only accepted from churches, community and support agencies

For the care of children (under 18), families, and elderly (over 65) who are disadvantaged
in Nelson, Tasman, Marlborough, Greymouth and Buller Districts

Note: Information provided remains confidential to this organisation and is retained for 7 years before being destroyed.

Application made by:

Position/Contact phone no:

Application for:

Age(s):

Name of Parent/Caregiver:

Address:

Date of Application:

1. How is/are this/these person(s) in a disadvantaged position?

2. Individual's Need

3. Individual Contribution to this need:

4. Individual's Context (include family/church/other agency/community support, brief overview of financial circumstances eg is the individual/family a discretionary beneficiary of a family trust?)

5. How much are you applying for? \$

6. Benefit for Individual / child(ren) / family:

7. (Continue on separate page if necessary)

If approved, how should we make payment? (receipts are required for audit purposes)

Payment to:

Bank details: (direct credit preferred)

Reference: (for direct credit)

Cheque Y/N:

If a cheque is required please confirm with the retailer that a Trust cheque is acceptable – we are unable to provide ID

For office use only:

Approved: Yes/No Amount:\$

Date:

Signed:

Signed:

Trust /Code.....

Letter : Y/N

Referrer advised Y/N

Receipt required Y/N

Receipt received Y/N Date: