

Individual / Organisation Application for Grant

Closing date 31 December annually

Contact Details

Individual / Organisation Name (Please circle) _____

Address _____

Contact Name _____ Email _____

Phone () _____ Fax () _____

Please provide 2 referee contacts (Individual Applicants Only)

Referee 1 _____ Phone () _____

Referee 2 _____ Phone () _____

Organisation

Number of members or users of your service _____ Paid workers _____ Unpaid workers _____

Grant Application Details

Select Funding Category

TICK ONE ONLY Children/Youth Cultural Education Environmental Sports/Outdoor

Affiliations _____

Statement of purpose for which the grant is required _____

How will New Zealand society benefit from this grant _____

Amount applying for \$

Have you applied elsewhere _____ If so where _____

Bank Account Details

Your Bank Deposit slip must be attached otherwise your application cannot be processed

I declare the application details given to be true and correct

_____ Signature of Applicant/Organisation Office Bearer Day _____ Year _____

The details requested by this application form are being collected in order to assess the applicant's eligibility for funding by The Sargood Bequest. Details provided will be held by the Bequest at the above address, and the applicant has certain rights of access to and to seek the correction of such detail pursuant to the Privacy Act 1993.