Application	No
	·



## **GRANT APPLICATION FORM**

# **Objectives of the Trust**

The Trust was set up to benefit those children who have lost a parent or parents as a result of the tragedy on 22 February 2011. The Trust aims to make a positive difference in the lives of these young New Zealanders. No one will be able to make up for their loss but if we can make a difference even in a small way it may help. The Trust will strive to help these children achieve their potential by providing assistance with education and helping to ease financial burdens placed upon the family from this tragedy.

# **Criteria for Funding**

Under the terms of the Trust Deed the Trustees can provide funding as follows:

- 1. Provide assistance to children who lost a parent in the Canterbury earthquake of 22 February, and their immediate families who are in need;
- 2. Provide for the education of those children;
- 3. Doing all such things which may be incidental or conducive to achieving the above purpose.

#### **Beneficiaries**

- 1. Children with a parent (whether natural or adopted) who died in the Canterbury earthquake of 22 February
- 2. And, who are under the age of 20 years as at the date of the payment from the Trust.

## **Trust Application Guidelines**

- 1. Each application is judged on its merits. Applicants may be requested to supply additional information.
- 2. Donations must be used for the purpose for which this application is made.
- 3. If an application is being submitted on behalf of a child under 18 years old, then this application is to be completed by that child's legal guardian.

# **Applicants Details**

Surname:	First Name:
Residential Address:	
Home Phone:	Mobile:
Email:	
Name of Child applying on behalf of:	
Age of Child:	Your Relationship to Child:
Eligibility	
Full name of the Deceased	
Funding Request	
Please provide details of the po	urpose for which funding is requested:
Amount required:	
Trustees would like to maximis applicants for funds that are re	Earthquake Children's Trust Fund being made available, the se and facilitate where possible and identify other avenues for equired. Accordingly we would like to know if you have nding organisations eg Red Cross, Christchurch Mayoral

<b>Payment</b> - Please supply bank deposit slip and full bank details to which an approved payment would be credited.
Name on account:
Bank account number:
If payment of invoice is required, please attach the invoice for payment.
Checklist – Items To Be Included With This Application (Tick if yes)
Have all sections been completed
A copy of the Death Certificate for the deceased
Proof of Identity eg Driver's Licence, Passport, Birth Certificate
Proof of relationship/guardianship
Bank deposit slip or invoice attached
In submitting this application I agree to abide by the requirements of The Canterbury Earthquake Children's Trust. I declare this application represents full and accurate disclosure, and authorise the Trustees to make any enquires irrespective of nature, of the applicants. Decisions made by The Canterbury Earthquake Children's Trust are at the discretion of the trustees and no correspondence or further discussions following a distribution/grant decision will be entered into.  I understand that when I provide the Trustees of the Canterbury Earthquake Children's Trust with information about other individuals, the Trustees rely on me to make those individuals aware that such information will or may be provided to the Trustees as part of the
application process.
NameDate
Post Completed Applications To:

## Post Completed Applications To:

The Trustees
Canterbury Earthquake Children's Trust
c/- K Harrison

842/1 West Coast Road R.D.6 West Melton Christchurch 7676