



## Application Form for General Grants to Individuals

Name of applicant:

Applying on whose behalf (if applicable)

Shareholder or Trust name on the share register:

Shareholder No.

### Guidelines

The Whanganui Trust is funded by Morikaunui Incorporation and from interest on its invested funds being a mix of Unclaimed Dividends held on Trust and Accumulated Funds.

**MISSION STATEMENT:** The purpose of the Trust is to provide support for the educational and cultural activities on application from current Shareholders and Uri (descendants).

Scholarships and Education Grant applications are applied for on a separate form and are considered once a year. They must be in the office on a years specific application form by 31 March.

**Note:** The Trustees have absolute discretion as to whether to approve or decline any application.

**Please note:** (i) Only one General Grant will be awarded to any person within a financial year (*July to June*); (ii) all applications require, where applicable, proof of travel (*for any travel related application*), proof of inclusion for any school trip or team participation or proof of other costs to be incurred; and (iii) a short biography should also be supplied about the applicant's achievements to date and aspirations for the future.

Grant categories for which this form should be used are:

#### Sports, Overseas Exchanges and Cultural Travel

Grant categories for which this form should be used are:	Grants approved up to	Apply for <b>one</b> only by initialling a box
<ul style="list-style-type: none"> <li>▪ Individuals showing exceptional attainment in a field requiring specialist training/development. [2016/17 - \$2,000]</li> </ul>	\$2,000	
<ul style="list-style-type: none"> <li>▪ Exchange student travelling overseas (eg AFS) [2016/17 - \$2,000]</li> </ul>	\$500	
<ul style="list-style-type: none"> <li>▪ Representing NZ overseas in a Sport (national teams 18yrs and over) [2016/17 - \$5,000]</li> </ul>	\$1,500	
<ul style="list-style-type: none"> <li>▪ Special Needs: Aids to learning for applicant with disabilities [2016/17 - \$2,000]</li> </ul>	\$2,000	
<ul style="list-style-type: none"> <li>▪ Overseas cultural Travel/class trips</li> </ul>	No funding this year	
<ul style="list-style-type: none"> <li>▪ Groups travelling overseas to take or repatriate Taonga</li> </ul>	No funding this year	

**Note:** If travel is involved, proof of travel is required before a Grant is made. In other cases, proof of other costs incurred. Please also specify what other funding applications have been made.

#### Other Grant for Individuals

<ul style="list-style-type: none"> <li>▪ Emergency Kaumatua Home Repairs -</li> </ul>	\$2,000	
(Special criteria apply - see section 5, page 3) [2016/17 - \$5,000]		

### Contact details

For all enquiries, please telephone 06 348 7213 or email [grants@whanganuitrust.com](mailto:grants@whanganuitrust.com). The Trust website is at [www.whanganuitrust.com](http://www.whanganuitrust.com).

**Send your application to: The Secretary, The Whanganui Trust, PO Box 4035, Whanganui**

Office use only:

Date received:

Receiver's initials:

## Section 1

### PERSONAL INFORMATION

	Applicant	Recipient (if different)
Surname:		
First Names:		
Are the contact details below:	<u>Male/Female (circle one)</u> <input type="checkbox"/> of the Applicant?	<u>Male/Female (circle one)</u> <input type="checkbox"/> of the Recipient?

Postal address (all correspondence from The Whanganui Trust will be sent to this address):

Daytime Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Section 2

### BANK ACCOUNT DETAILS (where Grant is to be paid) (Recipient or Applicant only)

Name of bank: \_\_\_\_\_

Branch: \_\_\_\_\_

Name of account holder: \_\_\_\_\_

Account no:

## Section 3

### SHAREHOLDER DETAILS

[Note: In the case of a trust being the shareholder, a trustee other than the applicant should sign this section.]

Relationship of applicant to Morikau shareholder: \_\_\_\_\_

**Note:** Applicants must be either a shareholder in Morikau, a direct descendant of a current shareholder, a beneficiary of a shareholding trust or a descendant of a shareholder who vested their shares in The Whanganui Trust.

#### Declaration from the shareholder/trustee:

I hereby certify that \_\_\_\_\_ is my Son/Daughter or Mokopuna or a beneficiary of a shareholding trust of which I am a Trustee (delete where applicable).

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/201\_\_

Shareholder / Trustee (delete one)

## Section 4

### BACKGROUND TO APPLICATION

Please provide as much detail as possible about the person for whom the grant is sought including how they are going to benefit from receipt of a Grant. A letter or other document can be attached rather than writing here if preferred.  Information attached

**NOTE:** Please ensure that you supply evidence of whatever trip or course that is being made/attended, including proof of payment. If the information sought is not **all included** with the application, it will be returned.

Is this application being made subject to the supply of proof of payment for travel?

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**Policy:**

The Trust will consider applications from shareholder Kaumatua for emergency home improvements to in cases of hardship. The Trust's current budget is \$5,000 per year.

In signing this application the Applicant is declaring the following:

- a) You are a shareholder in Morikaunui Incorporation or a beneficiary of a trust that is a shareholder (details of which are included on the first page).
- b) You are sixty-five years old or over.
- c) You are the owner/long term occupier of the dwelling for which you are seeking assistance.
- d) You do not have the resources to fund this yourself and you have exhausted other avenues for financial assistance.

Grants will be made for repairs to leaking roofs, sewerage requirements, electrical wiring etc for which no other funding is available.

- All allocations are set at a maximum amount of \$2,000.
- Priority will be given to applicants where there are health and safety issues.
- Inspection of the dwelling **will** be undertaken by a Trustee or an appointed representative.
- The Trust will assist with any enquiries by the applicant to ensure there is no confusion regarding the allocation of this grant.
- At least two quotations must be obtained with the maximum Grant being no more than the lower quote (if it is under the \$2,000 maximum and if the applicant has accepted the higher quote for whatever reason.)
- All alterations/repairs must comply with the local by-laws.
- Payments will only be made on production of copies of receipted invoice(s) or directly to the supplier.

**Note:** This grant is for emergency repairs and not improvements/upgrades to properties.

**Please answer the following questions:**

Address of property: \_\_\_\_\_

How many years have you owned it? \_\_\_\_\_ years.

Have any other applications been/are to be made for assistance and if so, to whom?

**[Note: If other applications have been/are to be made (i) a declaration will be required about success or otherwise before any payment is made by this Trust; and (ii) this Trust will pay any shortfall only if funding to the maximum approved.**

Please summarise (i) the repairs that are required; and (ii) the steps you have taken to secure alternative funding. (Supply the detailed information in an attachment.)

Quotations: From: _____	Amount
Quote 1 - item 1 _____	\$ _____
- item 2 _____	\$ _____
- item 3 _____	\$ _____
- item 4 _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>
From: _____	
Quote 2 - item 1 _____	\$ _____
- item 2 _____	\$ _____
- item 3 _____	\$ _____
- item 4 _____	\$ _____
<b>TOTAL</b>	<b>\$ _____</b>

*(Please ensure that copies of the quotes are supplied with your application.)*

Send completed applications to: The Whanganui Trust, PO Box 4035, Whanganui