

REREWHAKAITU AND DISTRICT
YOUNG PERSONS CHARITABLE TRUST

APPLICATION FOR GRANT 2026

Full name of applicant (block letters)	
Date and Place of Birth	
Email address	
Postal Address	
Name and Address of Parent/Immediate Caregiver	
Period of residence in the area	
Have you previously applied to this Trust? If so, for what purpose? Were you successful / unsuccessful?	
For what purpose are you applying for a grant? Please be specific	
Have you previously applied to this Trust for this purpose?	
Have you applied for any other forms of assistance? If so, name them.	
Total Cost of Project: Time span of Project:	
Amount of funds which you are personally contributing:	
Amount of Grant being sought:	
If currently in employment, state employer's name and address and <u>your</u> occupation:	
For if you are successful - Provide the account name and number for the money to be paid into. Please ensure the correct bank account name and check the number carefully.	

If under eighteen years of age, please obtain approval of parent/immediate caregiver.

I certify that _____ has sufficient merit and deserves favourable consideration by the Board, and that the grant will be used for the purpose for which it is being applied.

Signed _____ Parent / immediate caregiver resident in the district.

Date: _____

If over eighteen years of age, please sign the declaration below. I certify that the grant, if received, will be used for the purpose for which it is being applied.

Signed: _____

Date: _____

NB: Please ensure your reference is attached and **dated** and that you have read the reverse of this page.

REREWHAKAAITU & DISTRICT

YOUNG PERSONS CHARITABLE TRUST

The grant is open to:-

- Anyone under the age of twenty-five (25) years who resides in the Rerewhakaaitu area and whose parents/immediate caregivers reside in the Rerewhakaaitu area.
- Anyone under the age of twenty-five (25) years who has previously resided in the Rerewhakaaitu area and whose parents/immediate caregivers currently reside in the Rerewhakaaitu area.

The purpose of the grant is to assist with educational and recreational pursuits.

Please complete the application form overleaf and enclose a current reference (dated and signed within the last 12 months) from someone who has known you for more than one year.

Please provide bank details for if your application is successful.

If successful in obtaining assistance from the Trust, please forward your letter of acknowledgement and thanks as soon as possible to the Trust Secretary, c/- Lake Rerewhakaaitu School, 9 Ash Pit Road, RD 3, Rotorua or email to Jo.rogersnz78@gmail.com

Would you also note that if in the future you feel you would like to make a donation back to the Trust in recognition of its assistance to you, this would be greatly appreciated.

Applications must be received by the Trust Secretary, emailed to jo.rogersnz78@gmail.com by 3pm Wednesday 25th March for our meeting 26th March. Applications must be signed by the resident parent if the applicant is under 18 years of age.

Any queries should be directed to Stewart Koopal, Mark Koopal, Ann Snowdon, or Jo Rogers.