

Riccarton Rotary Youth Trust Application

- Please note that this form can only be submitted by an authorised organisation or responsible person (i.e. child's school, church, community organisation, etc)
- The Committee meets on the 3rd Tuesday of each month. Applications must reach the Secretary **one week prior to the meeting**. Applications received after the cut-off time will be held until the next meeting.
- Please provide copies of invoices/quotes where appropriate.
- Completed forms should be returned to:

Riccarton Rotary Youth Trust
P O Box 8088
Riccarton
Christchurch 8440
riccartonyouthtrust@gmail.com

OFFICE USE ONLY

Application Number:

DETAILS OF ORGANISATION SUBMITTING THE APPLICATION	
Name of Organisation:	(Organisation)
Address:	Postcode:
Ph No: (Day) _____ (After Hours) _____	E-Mail: _____
Contact Person's Name:	Position:

DETAILS OF YOUTH REQUIRING FINANCIAL ASSISTANCE	
Full Name of Youth:	(Applicant)
Address:	Postcode:
Ph No: (Day) _____ (Night) _____	
Date of Birth: _____	

FUNDS REQUIRED FROM RICCARTON ROTARY YOUTH TRUST	
Amount sought from Trust (A):	\$ _____ (A)
Amount to be contributed by applicant and/or family (B):	\$ _____ (B)
Total amount required (A + B):	\$ _____ (A + B)
Date that funds are required by: <small>(Please note that the meeting dates noted above)</small>	
Make cheque payable to: OR: Bank account number to pay funds into: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Bank account name: <small>(Please note that payment cannot be made directly to the applicant or their family)</small>	
Has the applicant sought assistance from RRYT before: Yes / No	
Has the applicant sought assistance from other sources: Yes / No	
If so, list where funds have been sought from / contributed. What was the outcome?	

PURPOSE OF THE GRANT: (Set out what the funds will be used for, who will benefit, how it will be achieved and how success will be measured.)

FAMILY / FINANCIAL (you may be required to justify this income)

Caregivers: _____
(i.e. single parent, grandparent, foster parent)

Ages of dependent children living in the household? _____

Total net weekly income from all sources:
(Please list and include benefits, wages, accommodation support etc)

\$ _____
\$ _____
\$ _____

Weekly Mortgage Payment:

\$ _____

Weekly Rent Payment:

\$ _____

Supporting Statement from Organisation Submitting the Application:

(This statement should set out why you support the application, your general assessment of the family and any other information you feel would support the application.)

Names, addresses and phone numbers of 2 referees from whom the Trustees may obtain a confidential report: **ONE OF WHOM SHOULD BE A RESPONSIBLE PERSON, INDEPENDENT FROM THE FAMILY AND THE ORGANISATION SUBMITTING THE APPLICATION
(eg: Teacher/Budget Advisor/Doctor/Counsellor/Church Leader or the like)**

(Name & relationship to applicant)	(Contact Details)
(Name & relationship to applicant)	(Contact Details)

In accordance with the Privacy Act, I give the Riccarton Youth Trust permission to share the information in this form with another agencies and/or referees, in order to verify its correctness.

I declare the information in this application is, to the best of my knowledge, accurate and correct.

I declare that I (or a responsible member of my organisation) have met and interviewed the applicant and have gathered sufficient evidence to support this application.

Signed: _____
(Contact Person from Organisation submitting the application)

Date: _____