

# ANGLICAN CARE and ST ANDREWS FAMILY TRUST



If you need any assistance with this funding application please contact: Gerrie Mead  
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## **Application for Funding from Anglican Care & St Andrews Trust Funds**

Applications are only accepted from churches, community and support agencies on behalf of child(ren)/families and individuals

**CRITERIA:** For the care of children (under 18), families, and elderly (over 65) who are disadvantaged and resident in Nelson, Tasman, Marlborough, Greymouth and Buller Districts

Note: Information provided remains confidential to this organisation and is retained for 7 years before being destroyed.

Application made by:

Position:

Contact phone no:

Agency:

Application for – Names:

Age(s):

Name of Parent/Caregiver:

Address:

Date of Application:

1. What is this application for?

2. How is/are this/these person(s) in a disadvantaged position?

3. What is the benefit to the recipient?

4. Please describe the family/whanau context (include family/church/other agency/ community support and brief overview of financial circumstances eg is the individual/family a discretionary beneficiary of a family trust; are other family able to contribute; what other options have been tried?) (Continue on separate page if necessary)

5. How much are you applying for? \$

If approved, how should we make payment? (receipts are required for audit purposes)

Payment to:

Bank details: (direct credit preferred)

Bank Reference: (for direct credit)

For office use only:

Grant approved: \$ .....

Date: .....

Signed: .....

Signed: .....

Trust /Code.....

Letter : Y/N

Referrer advised Y/N

Receipt required Y/N

Receipt received Y/N

Payment to.....

Payment Date: .....