

Marlborough Triple Links Youth Assistance Fund

The Marlborough Triple Links Youth Assistance Fund was established by the Blenheim and Beaver Rebekah Lodges in 2007. The purpose of this fund was to assist young people chosen to represent Marlborough, or New Zealand, in a sporting, educational or cultural event.

Grants are available to individuals and/or groups and are considered by the Trustees.

- **Applications must be by the individual or Group Manager on this form**
- **Groups should only lodge one joint application, not individual applications**
- **Applications must be received by the closing date and time**
- **No retrospective or late applications will be considered**

To be successful an applicant/group has to fulfill the following criteria:

- Preferably have lived in the boundaries of the Marlborough District for at least five years
- Be currently attending a Secondary School in Marlborough.
- Have a strong commitment to the Marlborough community and be chosen to represent the province, or New Zealand, at a sporting, educational or cultural event
- Show that they have endeavoured to raise funds from other sources.

All applications are subject to availability of funds and compliance with the authorised purpose. Completion of this form does not constitute approval of the request for funds or, if approved, that further payments to the same recipient or for the same purpose will be approved in the future.

Electronic applications are preferred.

- Please scan and forward the signed application form and supporting papers by email to Joanne.desforges@mgc.school.nz

This form may be printed and filled in by hand, or completed online.

If you prefer to complete the form online, you must download the form to your computer and save it first.

APPLICATION FORM

Applications close Friday 17 June 2022 at 12 noon

1 Are you applying as a Group or Individual?

Group: **Individual:**

2 Name of Applicant or Group

If you are applying as an individual

Surname:

First name:

If you are applying as a Group

Group Name:

Name of Manager/Organiser:

3 Contact Details

Postal Address:

Mobile:

Email Address:

4 Date of Birth:

For groups please list all names and DOBs of participating members (or attach separately)

Name	Age	DOB (dd/mm/yyyy)
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5 Length of time applicant (individual) has lived in Marlborough District:

6 Name of the event for which you have been selected to represent Marlborough or New Zealand. Be specific i.e. include dates, place names etc.

No retrospective or late applications will be considered.

7 Support:

Two Letters

- **one from your College;** and
- **one from the inviting or nominating organisation in support of this application,** together with their names and contact details.

Name:

Contact Phone Number:

Mobile No:

Name:

Contact Phone Number:

Mobile No:

8 Amount of funding that you would like to apply for: \$

Please note the Marlborough Triple Links Youth Assistance Fund may not be able to cover the full amount of your application

9 Cost Breakdown:

Total funds required for the event including detailed breakdown of all costs involved.

Itemised Details		Cost Amount
1		
2		
3		
4		
5		
6		
7		
8		
Total Cost		\$

10 Fundraising:

a) **Have you applied to any other organisation for funding for this purpose?**

YES NO

If "Yes" please give details, including the **name of the organisation that you have applied to and the amount applied for and whether your application has been successful.**

Organisation	Amount	Applied For	Granted	
			Yes	No

b) **What other activities are you undertaking to fund this project? Attach if more.**

Details and amounts raised from these activities to date.

Funding activity/income stream	Amount
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Details of any future fundraising that you intend to undertake, and the amount you expect to raise from these.

Funding activity/income stream	Amount
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11 Conditions:

- We agree to supply any additional information that may be requested by the Marlborough Triple Links Youth Assistance Fund in support of this application.
- Grant monies will only be used for the purpose for which this application is requested and approved.
- Within one month of the event you will provide evidence of costs to confirm expenditure e.g. detailed invoices and receipts
- If due to unforeseen circumstances the applicant does not attend the event for which the funds were allocated, the funds will be required to be reimbursed.

I have read and understood the conditions of this application and the information provided in this application is correct.

Signature of Applicant/Organiser

If you do not have an electronic signature, please print and sign this form.

If individual applicant

Signature of Parent/Guardian

If you do not have an electronic signature, please print and sign this form.

12 If your Application is successful payment will be by **cheque or bank transfer.**

Please advise who the cheque is to be made payable to:

Name of Account Payee:

Bank Account Name:

Bank Account Number:

Please attach a bank deposit slip

13 Release of Information

The **Marlborough Triple Links Youth Assistance Fund** may use the applicant's name and details of the activity, for which they have applied for funding, for a press release if required.

Please advise if you are agreeable to this by completing the following:

I _____ authorize the Marlborough Triple Links Youth Assistance Fund to release my/the groups details for a press release if required

Yes No

Signature of Applicant:

Signature of Parent/Organiser:

Checklist

Application form completed – please check signatures

Supporting letters attached

Bank deposit Slip

Additional information in support of this application attached

Written evidence to support the costs attached

Admin Use Only	
Marlborough Triple Links Youth Assistance Fund	
Date application Received	____ / ____ / ____
Application Fully Complete:	Yes / No
Acknowledgement email sent:	____ / ____ / ____
Further information requested on:	____ / ____ / ____
APPROVED / DECLINED	
Refer Minutes	
Amount Approved: \$ _____	
Cheque Number: _____	