




R. TUCKER THOMPSON YOUTH DEVELOPMENT
 ★ CONFIDENCE LEADERSHIP TEAMWORK ★

CONFIDENTIAL: GRANT APPLICATION FORM

(to be completed by parent or legal guardian and referee)

| | | | |
|---|---|--|----|
| Child's First Name: | | Surname (whanau) | |
| Age: | Sex: | | |
| This grant is being applied for by: | | Relationship to child: | |
| Parent <input type="checkbox"/> | Legal Guardian <input type="checkbox"/> | Relationship other | |
| School: | | | |
| Postal Address | | | |
| | | | |
| Email: | | | |
| Home phone: | | Mobile: | |
| Funding information (voyage cost is \$945) | | <i>Shaded boxes total \$945</i> | |
| Your contribution | | | \$ |
| Other fundraising | | | \$ |
| Total funds available | | \$ | |
| How much financial assistance are you requesting? | | \$ <i>(Must total \$945)</i> | |
| ABOUT THE APPLICANT | | | |
| Please provide any information to support why you should receive a grant for a voyage | | | |
| | | | |

REFeree (E.G. TEACHER, COMMUNITY MEMBER, FRIEND, BUT NOT FAMILY MEMBER)

I recommend this person for a Youth Development voyage

Name and role: (please print)

Signed: Contact Phone: