



Robert Dickson Education Trust Application Form

Purpose

The purpose of the Robert Dickson Education Trust is to make available financial assistance to single parents who reside within the Manawātū District Council's boundary, where the support and guidance of their children's father or mother is no longer available, to assist in all matters to do with the education development and advancement in life of their children which are considered to fall within the general objectives of the defunct Feilding Birthright Society.

Note: Information contained in this application will only be viewed by the Community Development Committee Chairperson and the Community Development Adviser. Personal details will not become part of any public documentation.

1. Applicant Details

Name of Applicant			
Street/PO Box			
Town		Postcode	
Email			
Phone nos			

2. Referee Details

Please note applications must be endorsed by a social service organisation or other similar organisation that can verify that the support of a father or mother is currently not available.

Organisation			
Contact Person			
Email			
Phone nos			



3. Funding Details

Please provide details of what you are seeking funding for (attach additional sheets if necessary)

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4. Financial Details

Please list below the item(s) and the cost of these item(s) for which you are seeking assistance.

Note:

- All figures must be GST inclusive
- A written quotation on all costs is to be attached

Item	Cost (GST Incl)
Total cost of the project is (A)	

Your Contribution	\$
Funds on hand	
Total of your contribution is (B)	



To find out how much money you should apply for; subtract your contribution (B) from the total cost of the project (a) from the previous page. The answer is the amount of money you require in order for the project to go ahead.

How much money are you applying for?	\$
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If applying for a grant towards a school uniform please state the reason you require a new uniform.

- My child / children are advancing to the next level of school
- We / my child have just relocated here
- My child / children have grown and require larger sizes but are not changing schools
- My child / children are changing schools. Please state reason for changing schools

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Please complete the below if you have received funding from Council before.

Date	Amount	Purpose



Please give details below if you have received funds or assistance from the below agencies in the past two years.

Funding Organisations	Purpose	\$	Year
Work and Income (grants)			
School Hardship Grants			
Other			

Please provide any other relevant information (that would support your claim for this funding) ie special circumstances/needs, financial hardship issues.

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5. Declaration

I consent to the Manawatū District Council collecting the personal contact details provided above, retaining and using these details to assess information supplied as part of this Robert Dickson Education Trust funding application. I acknowledge my rights to have access to this information. This consent is given in accordance with the Privacy Act 1993.

I hereby declare that the information supplied in this application is correct:

Name	
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Signature	
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Date	
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6. Final Check

- Have you answered every question?
- Have you included written quotations?
- Have you notified the referee?
- Have you attached a letter from a social services organisation or other similar organisation that can verify your current circumstances and who supports your application?

7. General Information

- Upon receipt of your application it will be considered by the Community Development Committee's Chairperson.
- You will be notified if your application has been successful within seven working days of receipt of your application.
- Funding will not be given retrospectively.
- Grants will be paid directly to the school or agency to which you have provided written quotations or invoices for.
- Applications will not proceed until all the information required by Council on this form have been provided.

8. Eligibility

- Applicants must reside within the Manawatū District Council's boundary.
- Applicants must be able to demonstrate that their child or children no longer have available the support and guidance of either a mother or a father.
- Applications must be endorsed by a social services organisation or other similar organisation.

9. Need Help?

Please contact the following if you need advice on your application:

Community Development Adviser
Manawatu District Council
Private Bag 10-001
Feilding 4743
Telephone 06 323 0000
Email: community.development@mdc.govt.nz

Please return your application to the above.

