**Methodist Church of New Zealand**



**Te Haahi Weteriana o Aotearoa**

**The James and Martha**

**Trounson Benevolent Fund**

**Application Form 2024**

***Please note:***

*This form is able to be completed on computer or by hand.*

*Please ensure that you fill in the form with all relevant details.*

*If you are completing this form by hand, please write using a* ***black pen.***

*If you are completing this form on a computer, please double click on the check box you want. A text box will appear,*

*When the form is completed, please email to:*

*Email: maryw@west.net.nz* ***phone 07 856 2973 or 021 026 26031***

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| --- | --- |
| **Full Name of Person or Persons for whom the request is made. *(One family per form)*** |  |
| **Postal Address for Presbyter** |  |
| **Name of Parish** |  |
| **Is the person a member or adherent of your church?** |  |
| **Are other dependents involved?**  No If yes please give ages and details | |
|  | |
| **Name of Minister applying** |  |
| **Email address** |  |
| **Date** |  |

**What amount of Grant do you recommend to the Trustees?**

Maximum $650.00 in any 12 months from the date of grant approved,

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1. **Reason for the request - Please be as specific as possible**
2. **Please share any information have you been able to find about thefinancial situation of the recipient.**
3. **If the person or persons are receiving assistance from Church or other sources, please name the funds / sources**
4. **Any other relevant matters. Are the recipients NZ residents or do they have student or work visas?**

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| **FOR OFFICE USE ONLY**  **Date application received:**  **Date acknowledgement sent:**  **Amount granted:**  **Date response sent:** |