



The Methodist Church of New Zealand
Te Haahi Weteriana O Aotearoa

SMETHURST TRUST FUND
ADMINISTERED BY THE NEW ZEALAND METHODIST WOMEN'S FELLOWSHIP

APPLICATION FORM 2019
Only current application forms are accepted

Fill in this form using **black pen, print clearly**, send all relevant information with **TWO current references** to:

Annette Sharp
Convenor Smethurst Grants Committee
274 Green Road
RD5
Warkworth 0985
Tel: (09) 422 7766 Email: gledenfarm@xtra.co.nz

IMPORTANT:

This application will be acknowledged by email.

REFERENCES (Two required): *On ONE A4 sheet, one side only and preferably typed.*

Two current References supporting your application are required from:

1. Your Presbyter/Minister **where you worship (if not your home parish)** / or District Superintendent.
2. Another person who is not related to you.

Please ensure that all references are on headed paper, dated and signed.

References are not accepted from members of applicant's family.

NOTES:

- Each application must be for **ONE PERSON** only. Please answer each section fully.
- Decisions are made each April, July and November.
- Applications will be returned for resubmission, deferred or declined, if incomplete information is given.
- Where assistance is required for more than **ONE YEAR**, applicants need to re-apply each year.

Application for: _____
(Miss/Mrs/Ms/Rev/Dr/Deacon) (Given Names) (Family Name)

Address: _____
_____ **Post Code:** _____

Email: _____ **Telephone:**(_____) _____

Date of Birth: _____ **Occupation:** _____

Marital Status: _____ **Children:** _____ **No. of Dependants:** _____

Have you applied for assistance previously from Smethurst? *Yes [] No []

If 'Yes' – under what name? _____ *Year(s) _____

For what reason do you require financial support? Tick the appropriate box.

Course of study [] Conference [] Seminar [] Workshop [] *Other []

*If 'Other' please specify clearly:

Breakdown of Costs:
Travel: \$NZ _____ Course: \$NZ _____ Other: \$NZ _____

Assistance towards travel costs will only be given for the cheapest available fares.

Total cost involved \$NZ _____

Amount of assistance requested from Smethurst - \$NZ _____

If applying for a grant to continue a course of study, applicants **MUST submit a copy of their grades/results **ACHIEVED TO DATE** for such course(s) before this application is considered.**

Are you applying for any other assistance? Yes [] No []
If 'Yes', please specify source(s) and amount(s). _____

Are you eligible for Student Allowance(s)? Yes [] No []
If 'Yes', please give details and amount(s), etc _____

Have you received any other assistance? Yes [] No []
If 'Yes', please specify source(s) and amount. _____

Are you in full-time paid employment? Yes [] No []
Are you in part-time paid employment? Yes [] No []

Please give the name of the parish that you are actively involved in – Methodist or Uniting Congregation within the Methodist Connexion. _____

*If you are studying away from your home town, please give name of Parish/Church you are currently attending: _____

(***Reminder:** You will need to attach a reference from an authorised leader of this church)

The Methodist Church offers a variety of courses. Have you explored these options?
Yes [] No []

Please give details of the course, seminar, etc. for which assistance is required.
Name of course: _____

Place of study / Event _____

: Dates / Length of study / Event _____

PERSONAL STATEMENT: On

a separate A4 page (one side only) **type/write in black pen** in your own words why you are making this application. Include information about yourself, your family and your financial situation. How do you see this current experience relating to the Methodist Church of New Zealand, Te Haahi Weteriana O Aotearoa. Funding is not available for first year study after leaving College/High School.

Bank Account Details; _____

CLOSING DATES FOR RECEIPT OF APPLICATIONS –
20 March 20 June 20 October
Late Applications are not considered.

Should the circumstances change and study not proceed, please return the grant promptly.

Signature: _____ Date: _____

Please **print** names and addresses of referees supplying signed references for this application:

Name: _____ Name: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Email: _____ Email: _____

Relationship to Applicant: _____ Relationship to Applicant: _____

Notes **References must be up to date, signed and dated.**

1. At least 1 referee must be an authorised church leader in the church that you attend while studying.
2. The committee requests a progress report or reflection at the conclusion of the course/event AND prior to the commencement of all subsequent years of study
3. Subsequent applications for the same course give Referee's name & contact details. No written reference

