



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

APPLICATION FORM 2020
Only current application forms are accepted

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

Dianne Claughton
Convenor Smethurst Grants Committee
17 Claxton Place
St Martins
CHRISTCHURCH 8022

Tel: (03) 332 2889

Email: grahamanddianne@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: (Assistance towards travel costs will only be given for the cheapest available fares)

Travel: \$NZ _____ Course: \$NZ _____ Other: \$NZ _____

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. etc. and amount(s) _____

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 and 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 needed. **Please submit copy of results/grades achieved.**