

Wellington Hospital Chaplaincy Trust Grant Application Form

This form is for applications for grants from the Wellington Chaplaincy Trust Board (Trust).

Notes for applicants:

- Please review the grants policy before lodging your application. It is available on the Trust's website: www.whct.org.nz/grants-policy
- While we encourage you to use this form, you may provide the same information in another format, provided you are able to lodge the form digitally.
- The space provided for each section of the application is indicative only but applications should be no more than two pages.
- Please email the completed application (in this form or another) to: whctor2@whct.org.nz
The Trust will endeavour to respond to applications within three months of receipt.
- Please direct your referees to separately email their statements of support for your application.

Please complete all sections of this application and return to Wellington Hospital Chaplaincy Trust at the address below with any relevant attachments.

Name of Organisation:	
Address:	
Telephone:	
Contact Person:	
Email Address:	

Please provide a description of the project (including who will benefit) in the panel below.
Please attach any additional supporting information if required.

