

# 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](http://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: [whctrust2@gmail.com](mailto:whctrust2@gmail.com)  
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.

<b>Name of Organisation:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Contact Person:</b>	
<b>Email Address:</b>	

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

<b>Amount applied for</b>	<b>Total cost of the project</b>	<b>Funds already available</b>
\$	\$	\$

**Referees**

Please supply details of two referees for your project:

	<b>Referee 1</b>	<b>Referee 2</b>
<b>Name</b>		
<b>Address</b>		
<b>Phone</b>		
<b>Email</b>		

**Other grants applied for:**

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**Please include a copy of the following (Please tick to indicate you have included):**

- Application form
- Other supporting documentation that is deemed appropriate
- Pre-Printed Bank Deposit Slip

I/We the applicant(s) confirm that I/we have read and accept the application guidelines and I/We acknowledge that if a grant is made my/our organisation may be asked to acknowledge the grant from Wellington Hospital Chaplaincy Trust publicly.

I/We the applicant(s) confirm that Wellington Hospital Chaplaincy Trust may collect information about our organisation from third parties in respect of this application.

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Name	Position	Date
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Name	Position	Date
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**NB: Please retain a copy of this form for your records.**

<b>Office Use Only:</b>	Approved or Declined:
Amount Recommended:	Comments: Reference No: