



SCHOLARSHIP APPLICATION FORM

To: The Manager
ILT Foundation
P O Box 1771
Invercargill 9840

Name of Applicant Organisation – on behalf of Scholarship Applicant *(should be same as bank account name)*

Organisation’s Address: <i>(Street address and P O Box Number)</i>	Telephone Number & Email:

Two principal office bearers’ contact names, addresses and	Telephone numbers:

What is the legal status and purpose of your organisation?

Is your organisation registered with the Charities Commission?	Yes <input type="checkbox"/> CC..... No <input type="checkbox"/>
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Are you GST registered? Yes <input type="checkbox"/> No <input type="checkbox"/>	GST No:
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Name and Address of Scholarship Applicant: Male Female

What is the scholarship funding to be used for? *(Please be specific using separate sheet if necessary)*

Date of Event: (if applicable)	
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Please attach to this form:
- a copy of the letter advising the applicant of their selection to represent New Zealand

Has the applicant organisation applied for funds for the same purpose from any other source? YES/NO
(If Yes, give full details, using separate sheet if necessary)

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Total Amount Requested:	\$
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Please attach a copy of the applicant’s resolution to apply for funding. This must be certified as true and correct by the Secretary of the applicant organisation, e.g. **Committee minutes/resolution.**

PLEASE COMPLETE OTHER SIDE OF FORM ALSO

Declaration and Consent of Audit

- We declare that the information provided in this grant application is true and correct, to the best of our knowledge, and we have the authority to make the application on behalf of the applicant.
- This organisation fully understands that any and all grant monies received from the ILT Foundation can only be used for the authorised purpose for which quotes were supplied and the grant approved. Copies of invoices, receipts and bank statements, along with any unspent funds, will be returned to the ILT Foundation after the funds have been applied towards the purpose for which the grant was made.
- We agree to comply with a request from an officer of the Department of Internal Affairs, for additional information, in relation to how the monies received, have been spent. This may involve an audit or inspection of the books and/or accounts of our organisation.
- We authorise the ILT Foundation to retain information pertaining to this application and to disclose that information as deemed necessary by the ILT Foundation for any purpose, including the publication of grants and compliance with Department of Internal Affairs regulations.
- We have read, understand and accept all the conditions applicable to this application for a grant. The funds will only be used for the purpose applied for in this application.

- a photo of the applicant whilst active in their specialised field may be requested to publicise the scholarship, if the application is successful.

Signature: 1

Signature: 2

Printed name:

Printed name:

Position:

Position:

Date:

Date:

Applicant Organisation's Bank:
Branch:
Account Number:
Name of Account:

OR attach a pre-printed deposit slip. (Personal bank accounts are not permitted)

Please keep a copy of this application for your records.

Please note applications are due two weeks prior to the Board meeting at which they are to be considered, meeting dates are available on the website.

ILT FOUNDATION OFFICE USE ONLY:

Meeting Date: _____

APPROVED / DECLINED

Amount Approved: \$ _____

Grant Number: _____

Cheque Number: _____

Date: _____

Signatures of Three Trustees: _____