



Application Form

Open to all Taranaki people up to and including 18 years of age.

Name of Applicant:

Physical Address:

Postal Address:
(if different from above)

Phone: Day Evening

Mobile: **Email:**

Date of Birth (as of application closing date)/...../.....

Has the Applicant been a resident in Taranaki for the past 12 months? Yes No

Amount applied for: \$..... (maximum \$500)

Funding Area - please tick which area you are submitting your request for:

Health Sport Academic Music/Arts Other
Please specify

Breakdown of costs:

Item	Amount

Reason for Application - please state WHY you wish to apply in less than 100 words:

.....

Purpose for Application - please state WHAT the grant would be used for in less than 50 words:

.....

Please continue on next page...

Will funding from other sources be required to complete or undertake the proposal? Yes No

If yes, please indicate how much and where the additional funding is likely to come from:

Additional funding required: \$.....

Possible sources of this funding:

.....

Have you applied for funding for this proposal from any other source/s? Yes No

If yes, please state who you applied to, how much was applied for and the outcome of your application:

Source	Amount	Status

Please make any additional notes in the space below and/or attach additional documentation as you feel necessary.

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Who can we contact if further information is needed?

Phone: Day Evening

Mobile: Email:

DECLARATION: I hereby declare that the information supplied is true and correct. I also acknowledge that if my application is successful, my name may be shown on the HATCH website, and in other Hatch promotional material.

Print Name:

Signature: Date: / /

Name of Parent/Guardian/Caregiver:

Signature: Date: / /

Please post application with deposit slip to:

HATCH Trust

PO Box 2

New Plymouth, 4340

