

Sponsored Individuals

Application form

Surname _____

First Name/s _____

Postal Address _____

Residential Address (if different from postal address)

Phone number or contact number _____

What qualification/project are you undertaking and how will it improve your employment?

What is the name of your employer?

Please describe your employment goal(s) _____

If your application is based on financial barriers please provide information about how a lack of money is restricting you from undertaking the qualification/project stated in your application, and complete the Statement of Position form. Please also confirm that you are unable to obtain funds from any other source including family.

If you face barriers which are non-financial please explain what they are, how they are restricting you from achieving your qualification/project, and how the grant will assist you.

What is the amount of the grant you seek, and what do you want it for? (Note, that the grant is up to a maximum of \$1,500.) _____

Itemise Costs:

Any other information to support your application:

I authorise the Employment Support Marlborough Trust to make any enquiries it may deem relevant of any person or organisation in connection with this application.

I declare that all information I have given on this form is true and correct.

Signed: _____

Date: _____

Checklist

- Copy of Birth Certificate/Passport (Proof of NZ Residency)
- Statement of Position to support the barriers you face
- Sponsor declaration
- Other supporting documentation (if any) including financial statements if your barrier is of a financial nature

Sponsored Individual Statement of Position

Name:

Date:

Dependants:

Monthly Income (in the hand)

Monthly Expenditure

Salary / Wages	\$	Mortgage / Rent	\$
Spouse Income	\$	Hire Purchase	\$
Other Income	\$	Credit Card	\$
		Rates	\$
		Insurances	\$
		Motor Vehicle Expenses	\$
		Power	\$
		Telephone	\$
		Groceries	\$
		Other	\$
Total	\$		\$
Assets		Liabilities	
Residential Property	\$	Mortgage	\$
Rental Property/s	\$		
Personal Effects	\$	Hire Purchase	\$
Motor Vehicle/s	\$	Credit Card (Limit \$)	\$
Household Furniture	\$	Overdraft	\$
Back Account/s, Cash	\$	Other Debts	\$
Total	\$		\$

I certify that the above information is correct

Signed _____

Sponsor Declaration

Sponsor to complete

Sponsor Name: _____

Please comment on the applicant's employment and how completing this qualification/project will enhance their employment

Please comment on any other information you think relevant

I support this application and believe that the applicant will have difficulty in completing their qualification/project without financial assistance.

Signed: _____

Dated: _____

For further details I can be contacted at:

Address: _____

Phone: _____

POBox 1137. Telephone (021) 076 0104. Email djhall.6@gmail.com
Employment Support Marlborough Trust, a registered Charitable Trust