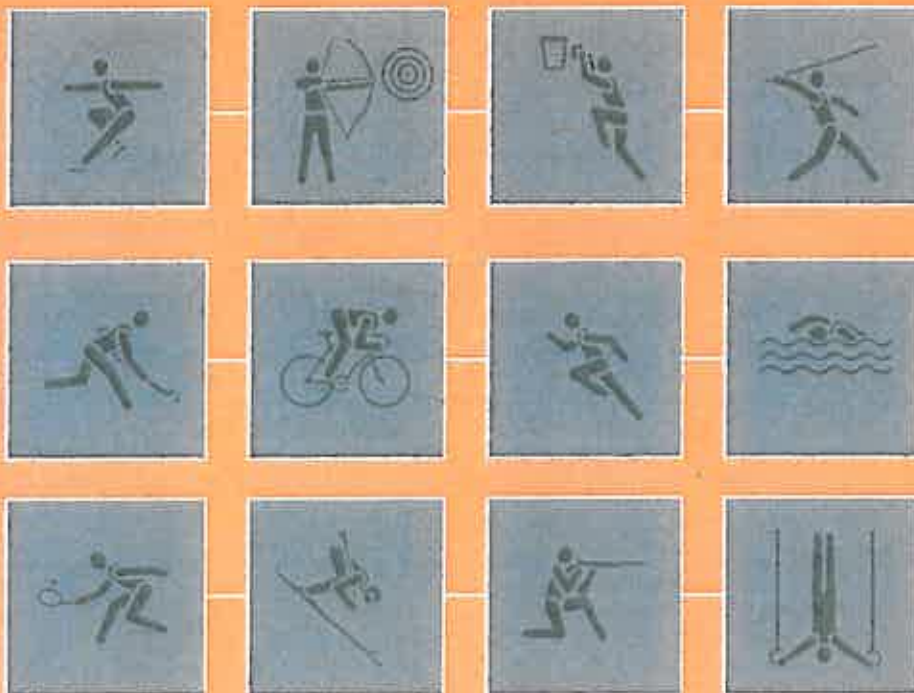


# Solid Energy Amateur Sports Trust

Supporting sports people of the Buller/Westland region



## Application for Funding

C/- PO Box 382, Greymouth, New Zealand.  
Tel: 03 768 1700 Fax: 03 768 1703

Proudly sponsored by:



**SOLID ENERGY**  
Coals of New Zealand

**THE TRUST WILL MEET TWICE A YEAR TO  
CONSIDER APPLICATIONS.**

**CLOSING DATES FOR APPLICATIONS**

First Round: 31<sup>st</sup> March  
Second Round: 30<sup>th</sup> September

**MEETING DATES TO CONSIDER APPLICATIONS.**

First Round: Before 30<sup>th</sup> April  
Second Round: Before 31<sup>st</sup> October

**OBJECT OF THE TRUST**

To assist amateur sports people in the Buller/Westland region who have been recognised by their sports body to have potential to reach representative level, to participate in training and/or competition that will help them towards reaching a goal in their chosen sport.

**TRUST FUNDS**

Under the terms of the Charitable Trust Act 1957, any funds granted by this Trust must be paid to the applicants Parent Body and that Body must be registered as an Amateur Sports Club.

**BOARD DECISION**

The Board decision is final and no correspondence will be entered into.

Date of application:

Name of applicant:

Address:

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Phone number: Day

Night

Date of Birth:

## DETAILS OF PARENT BODY

Name of club:

Postal address:

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Club chairperson:

Address:

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Telephone contacts: Wk

Home

Club secretary:

Address:

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Telephone contacts: Wk

Home

What amateur sports is your club involved in?

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How many members belong to your club/organisation?



## DETAILS OF APPLICANT

Reason for applying for funds:

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Outline the costs you will be required to meet:

Item:	Dollar amount
	\$
	\$
	\$
	\$
	\$
<b>TOTAL COST</b>	<b>\$</b>

Outline how you intend to fund the costs you will be required to meet:

Cash in hand	\$
Loans/mortgage/debenture	\$
Other sponsorship/grant (please specify source)	\$
Intended fundraising (provide an estimate)	\$
Other	\$
<b>TOTAL FUNDS AVAILABLE/EXPECTED</b>	<b>\$</b>

Please specify the amount of funding requested:

Total cost of project	\$
Less total funds available	\$
Difference A-B	\$
Amount requested	\$
Shortfall C-D	\$

Who supports you in ways other than cash?

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If travelling who will be with you?

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What will be the benefits gained by you?

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**FOR OFFICIAL USE ONLY**

Application No:

Date received:

Parent club:

Applicant:

Trust meeting date:

Amount claim:

Total cost:

Minute of trust decision:

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Amount approved:

Cheque no:

Date:

Signed administration officer:

Signed trustee:

**ATTACH PARENT BODY RECEIPT**