

Application Form

Name:	
Address:	
Contact Person:	
Contact Phone:	
Main activity of the group: (for groups)	

Are you or are your groups members:

65 years or over?	Yes	No
Residents in the Lyttelton Harbour Basin?	Yes	No

What is this funding for & how will it benefit you or your group?

How much funding do you need? (You don't have to make a contribution, it's not compulsory)

Total grant requested:	
Your contribution:	
Total cost of project:	

Have you received a grant from the Cressy Trust or any other organization in the last 2 years?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please provide brief details below:

Name of organization:	
Amount of grant:	
Date of grant:	
What were the funds used for:	

Declaration

<p>I/We hereby declare that the information supplied on our behalf is true and correct. I/We consent to the Cressy Trust representative disclosing information to the Cressy Trust Applications committee for the purpose of reviewing this application for funding.</p> <p>In accordance with the privacy act, the Cressy Trust has your permission to share this information with another agency or referees in order to verify the information contained.</p> <p>Applicant Signatures: (Two signatures are required for group applications)</p> <table border="0"><tr><td>Name: _____</td><td>Name: _____</td></tr><tr><td>Signature _____</td><td>Signature _____</td></tr><tr><td>Date: _____</td><td>Date: _____</td></tr></table>		Name: _____	Name: _____	Signature _____	Signature _____	Date: _____	Date: _____
Name: _____	Name: _____						
Signature _____	Signature _____						
Date: _____	Date: _____						

Please include the name of a person who can act as a referee for your application:

Name of referee:	
Contact details:	

If this application is submitted by a group, please include your latest financial report. Your report may be a simple format, cash receipts and payments or similar.

Please return your application to:
Cressy Trust
PO Box 95
Lyttelton 8841