

HERITAGE INCORPORATED

MAGNUS GRANT APPLICATION FORM for 2023

Office Use
Acpt/Decline _____
Amt \$ _____
Receipt _____
Report _____

Submit this application by 30/9/22 – details of process at the end of these forms

Enquiries to: P: (04) 384 1300 (W) M: 027 283 6016 E: Action-Sanders@xtra.co.nz

Particulars of Proposed Grant Recipient: *Circle one: New / Repeat*

Name: _____

Address: _____

Post Code: _____

Mobile: _____ Landline: _____

Email: _____ Gender: M/F/D ___ Date of Birth: _____

Relationship Status: _____ Place in family (eg 2nd of 3) _____

Particulars of Person making this Application: (if different from above eg caregiver or parent of a minor) Name: _____

Address: _____ Post Code: _____

Mobile: _____ Landline: _____

E-mail: _____ Relationship to Proposed Recipient: _____

State which address to use for communications:

E-mail Address: Recipient Applicant Other: _____

Postal Address: Recipient Applicant Other: _____

Service Details of Serviceman/woman - NZ Forces

Supply copy of Certificate of Discharge (if not previously supplied) or proof of current service

Relationship to Serviceman/woman _____

Service: (circle one) Army / Navy / Air Force Service No: _____

What is the purpose of the Application (e.g. Education of child/grandchild/great grandchild):

Purpose _____

(Grants are usually between \$250 and \$1500)

It is essential to complete all boxes below:

Course Title:	
Where will it take place?	
Who is the provider?	
Course cost in 2023:	
Duration of Course & stage you will be at in 2023 eg 2nd of 3 yrs:	

If applying under the Health Condition criteria, please supply the following:

- State health condition: _____
- Letter from Health Practitioner/Provider including prognosis or status

Sources of Proposed Recipient's Funding for 2023 year of study/health issue:

Student loan for 2023 (anticipated amount) \$ _____
Applicant's work income/allowances \$ _____
Other Trusts (please specify) _____
\$ _____
Local RNZ RSA \$ _____
Parent/s contribution (per annum) \$ _____
Other sources (please specify from where) \$ _____

Total \$ _____

Have any of these sources declined your application in this instance? Yes/No
If yes, who and why? _____

Parents' Financial details:

It is essential to give parent/s' income/s if applicant is under 19 years old or if providing support to proposed recipient e.g. student at school or tertiary institute – consideration will be affected if it is not stated

Tick if you have a solo parent – though both incomes should be stated if known

Parent/s' Income/s (annual gross):

Wages/salary \$ _____
NZ Super/Benefit \$ _____
War Disablement Pension \$ _____
Surviving Spouse Pension \$ _____
Other income (eg WINZ WFT subsidy) \$ _____

Total income \$ _____

Expenditure

Expenditure of the recipient's parents/caregivers if they are supporting proposed recipient e.g. student at school or tertiary institute

Assistance to Recipient \$ _____

Do you have a Community Services Card? Y/N Card No. _____

Student Loan (if any):

Amount you expect to be owing at the end of 2022: \$ _____

If grant requested is for a child under 19, please indicate how many other dependent children are in the family and any special circumstances: _____

Supporting information:

Please state or attach supporting information if considered useful and relevant:
(NB School or tertiary institution reports for current year must be supplied):

List any information which will be supplied late (eg Report, Course Confirmation):

Authorisation:

*I certify that the above details are correct. Under Principle Three (3) of the Privacy Act 2020, I authorise Heritage Inc to act on my behalf with powers to search, copy, retain and verify as necessary, any information concerning my grant application.
Information will not be shared to 3rd parties.*

Applicant or parent/caregiver's signature

Applicant or parent/caregiver's name

Date

Return completed form by 30 September 2022 (extended to accommodate Covid-Level related delays)

(or later by special arrangement for Out-Of-Time Applications if any funding is available)

Email to: Action-Sanders@xtra.co.nz

If e-mailing, the whole application must be as a PDF of no more than 5 pages and 1MB total (ie low resolution)

**or Post to: Dawn Sanders ONZM, QSM, General Secretary, Heritage Inc,
PO Box 17 215, Wellington 6147**

**or Courier to: Dawn Sanders ONZM, QSM Office 7, Level 1, SGCNZ Office, Toi Poneke,
65-69 Abel Smith Street, Wellington 6011**

Enquiries please phone Dawn on 04 384 1300 (W) or 027 283 6016