Methodist Church of New Zealand



Te Haahi Weteriana o Aotearoa

The James and Martha

Trounson Benevolent Fund

**Application Form 2025**

***Please note:***

*This form is to be completed on computer*

*Please ensure that you fill in the form with all relevant details.*

***Email address maryw@west.net.nz***

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| **Full Name of Person or Persons for whom the request is made. *(One family per form)*** |  |
| **Postal Address for Presbyter** |  |
| **Name of Parish** |  |
| **Is the person a member or adherent of your church?** |  |
| **Are other dependents involved?**  No If yes please give ages and details | |
|  | |
| **Name of Minister applying** |  |
| **Email address** |  |
| **Date** |  |

**What amount of Grant do you recommend to the Trustees?**

Maximum $650.00 in any 12 months from the date of grant approved,

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| --- |
| **Amount requested** |

1. **Reason for the request - Please be as specific as possible**
2. **Please share any information have you been able to find about thefinancial situation of the recipient.**

**3 if the person or persons are receiving assistance from Church or other sources, please name the funds / sources**

**4 Any other relevant matters. Are the recipients NZ residents or do they have student or work visas?**

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| **FOR OFFICE USE ONLY**  **Date application received:**  **Date acknowledgement sent:**  **Amount granted:**  **Date response sent:** |