



The Wilson Home Trust

for Children with Disabilities

Discretionary Grant Application Form

The purpose of a Grant is to support an initiative, activity or equipment that will enhance the life of children or young people who have a condition that affects their physical abilities. They must be under 22 years and live in the northern half of the North Island. Grants are available to people resident in NZ, having NZ citizenship or permanent residency. The Trust anticipates that families will have accessed support through Government agencies in the first instance (where applicable).

Family Assistance Grant: this may include counseling, bereavement support, emergencies, etc. If you require urgent assistance please call a coordinator to discuss prior to sending in your application.

Applications will be considered four times a year. Applications will be considered by the end of the month and you will be notified in the first week of the following month. Closing dates for applications are as follows:

20 February 20 May 20 August 20 November

In all cases we would like to talk with you, so please contact us. Sally (09)485 3462 or 021222 9964, sally@wilsonhometruster.org.nz or Anne (09)485 3463. anne@wilsonhometruster.org.nz

Date:

Your details:

First Name:

Surname:

Postal Address:

Email:

Home Phone:

Mobile:

Relationship to the child e.g. parent or primary carer:

Child's details:

First Name:

Surname:

Residential Address:

Date of Birth:

Has the child received funding from the Wilson Home Trust before? **Yes / No**

Are you applying elsewhere for funding? **Yes / No**

If yes, please give details of how much you are requesting and from whom.

I give permission for the Wilson Home Trust to explore alternative funding options for this application.

Yes / No

What is the equipment, activity or assistance required?

How will this equipment, activity or assistance help the child/family?

Please include any other relevant information or comments.

Amount requested (including GST)

Please attach or email any quote/s for any items or services requested and include a supporting letter from a relevant professional.

Would you like to receive our regular newsletter (if you don't already)? **Yes / No**

Sally (09) 485 3462 or 021 222 9964, sally@wilsonhometruster.org.nz or
Anne (09) 485 3463. anne@wilsonhometruster.org.nz

Check List:

Quote , Support letter, completed application form.