



Scholarship Application

P: 211 3640 PO Box 208, Invercargill, 9840 252 Dee Street, Invercargill E: ilt@ilt.co.nz www.ilt.co.nz

Local/National Governing Organisation: *(Must be same as bank account name)*

Contact Details

Email:	
Telephone Number:	
Address Physical:	
Address Postal:	

Two contact names	Role	Cell Phone No.
Primary:		
Secondary:		
What is the legal status of your organisation? <i>(please tick all that apply)</i>	<input type="checkbox"/> Incorporated Society <input type="checkbox"/> Not-for-profit <input type="checkbox"/> Trust <input type="checkbox"/> Club <input type="checkbox"/> IRD Donee Status <input type="checkbox"/> Other	
Does your organisation work with children?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If 'Yes', does it have a Child Protection Policy? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is your organisation registered with the Charities Commission?	Yes <input type="checkbox"/> CC..... No <input type="checkbox"/>	
Are you GST registered? <i>If GST registered, funding will not include any GST.</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	GST No:
What is your NZ Business Number? <i>(refer www.nzbn.govt.nz)</i>		

Bank Details: *(Please include bank issued confirmation via a bank issued statement or a screenshot of internet banking showing both the account name and number. Account name must match your organisation's name)*

Applicant Organisation's Bank:
Branch:
Account Number:
Name of Account:

Details of the selected NZ Representative/s:

Details of the selection process: *(Results leading to selection)*

Event details: *(Include event name, location, and dates)*

Costs Involved: *(Item and cost involved)*

Please ensure you attach the following documents to your application:

<input type="checkbox"/> Confirmation of bank account
<input type="checkbox"/> Official selection letter
<input type="checkbox"/> Supporting letter/resolution from local governing organisation
<input type="checkbox"/> Quotes and budget outlining the costs

Declaration

- We declare that the information provided in this grant application is true and correct, to the best of our knowledge, and we have the authority to make the application on behalf of the named applicant(s), team or group.
- We confirm that the named applicant(s) reside within the ILT boundary and meet the relevant eligibility criteria for this grant.
- We understand that any grant funds received from ILT must be applied only to the approved eligible costs and for the benefit of the named applicant(s), team, group, or opportunity described in this application.
- We agree to notify ILT immediately if the event, competition, performance, selection, travel, or participation changes, is cancelled, or if the named applicant(s) no longer attend. We agree that any unused, unspent, or incorrectly applied funds must be returned to ILT unless ILT has given written approval for an alternative use.
- We authorise ILT to retain information pertaining to this application and to disclose that information as deemed necessary by ILT for any purpose, including the publication of grants information.
- We have read, understand and accept all the conditions applicable to this application for a grant.

Signature: 1 _____

Signature: 2 _____

Printed Name: _____

Printed Name: _____

Role: _____

Role: _____

Date: _____

Date: _____

****Please keep a copy of this application for your records****