



APPLICATION FORM

Applicant Details

Are you applying as an individual or a group? Individual Group

Full name of applicant or group:

Contact person (for a group):

Email:

Phone number:

Do you or your group reside in the Otorohanga District, or are you associated with the Otorohanga District and/or the Otorohanga Community? Yes/No Please give details.

Is your application for charitable purposes beneficial to the Otorohanga District and/or the Otorohanga Community? Yes/No Please describe your project in detail, specifying who will benefit and how, including dates if you are bound by a specific time frame.

Please provide details of the amount of funding being applied for from the Otorohanga Charitable Trust, including applications pending or granted from other organisations, and funds in hand for the project.

Please email completed application to ototrust@gmail.com or post to Otorohanga Charitable Trust, PO Box 43 Otorohanga 3940. You will be contacted by the Trust after your application has been considered. Please note we meet bi-monthly, however we may consider special projects at other times.