
Can Grow Self Development Grant Application Form

APPLICANTS DETAILS

Full Name: _____

Preferred Name: _____

Gender: Male Female D.O.B: _____ Age: _____

Physical Address: _____

Post Code: _____ Postal Address: (if different) _____

Telephone: Home: _____ Work: _____

Mobile: _____ Fax: _____

Email: _____

Preferred Contact: _____

Current Member Status Patient Member Sibling Member
 Bereaved Sibling Member Non member but eligible & willing to join

DETAILS OF SELF DEVELOPMENT PROGRAMME

Please briefly describe here the self development programme for which you are seeking a grant
(e.g. course fees for 12 month youth leadership programme, my school studies were disrupted and I seek a grant for catch up private tutoring NCEA level 2 Maths papers etc).

Is this programme recognized by the NZ Qualifications Authority (NZQA)?

Yes No

Please briefly describe why you have chosen this programme and tell us in your own words how by completing this programme you will be *better equipped for a better future*. Please try not to exceed 300 words

What institution / instructor will provide the training?

Is this institution recognized as a training provider by the NZ Qualifications Authority (NZQA)?

Yes

No

How long will your self development programme take to complete?

If this is a multi year self development programme what stage are you currently at? (e.g. am enrolling in a two year diploma course and will start stage one in January of next year)

COST OF GRANT YOU ARE SEEKING

What is the anticipated \$ cost of the self development programme you are undertaking?

Please identify the type of costs you will incur e.g. course fees, private tutor costs etc)

GRANTS HISTORY

Have you ever received a CanTeen Scholarship or Can Grow Grant before?

yes

No

If yes, please give brief details of the programme, dates and value of grant awarded.

PARENTS / LEGAL GUARDIAN / N.O.K DETAILS

Surname: _____

First & Middle Names: _____

Address: _____

Phone: Home _____ **Work:** _____ **Mobile:** _____

Email Address: _____

Signature: _____ **Date:** _____

(Parent/guardian if member is under 18)

I/We give permission for the above information to be used by CanTeen for the purpose of maintaining a national member database and internal mailing list. This information will also be provided to the local CanTeen Branch and/or Division, for use in facilitating member support.

Dates for submission of grant applications

Can Grow Grant Applications will be reviewed by the grants committee twice per year and applications for these rounds should be received by 5 December and 5 June respectively. All applicants will be notified of the outcome of their application within a month of the review date.

Please return this completed form to:

Stephanie Downes, Admin Manager, CanTeen, PO Box 56-072,
Dominion Rd, Mt Eden Auckland 1446

Or email stephanied@canteen.org.nz

For Office Use Only

Grant approved

Yes

No

Grant amount

Applicant has been notified of outcome in writing

Date / /
