# Forsyth Fund: Grant Application Form - Individual (Form 1)

## Purpose

* To offer financial assistance for the enhancement of potential and independence of clients of Blind Low Vision NZ.
* This may be through the provision of equipment, assistance with sporting/peer support activities or for educational purposes.

## Criteria for an Individual

* Registered Client of Blind Low Vision NZ who lives within the boundaries of the Waikato Regional Council or the Waikato District Health Board.
* **Please note that the Forsyth Fund is a fund of last resort.**
* **Applications will be accepted at any time and will be considered on receipt.**

Amount applied for (GST excluded):

Name of Individual:

Client number:

Address:

Phone number:

Alternate phone number (if applicable):

Email:

Contact Person/Referrer (name and relationship/position held):

## If the grant is to be used to purchase equipment, please provide details:

Item to be purchased (include product code or reference number):

Supplier’s bank account details (if other than BLVNZ Equipment Solutions):

Account name:

Bank:

Branch:

Account number:

Delivery address:

**If the grant is to be used for a purpose other than purchasing equipment, please provide full details:**

**What benefit will the approval of this application bring to the individual?**

## Part Payment Grant

Please enter the amount, if any, that the applicant can pay towards the total cost:

## Other Funding

Have alternative sources of funding been explored and what was the outcome?

## Previous assistance

If the applicant has received grant(s) from the Forsyth Fund in the past, please give details, year and amount, of the most recent grant:

## Other comments in support of this application:

**As applicant, I** (insert name):

* certify that the information supplied is true and correct.
* allow the Waikato Regional Committee to collect relevant information about myself from other sources to assess this application, if required (this information will remain confidential and will be used only for the purposes of this application), and
* agree that any grant will be used for the purposes specified only, unless otherwise agreed by the Waikato Regional Committee.

**Signature** **or electronic signature:**

**Date:**

Send in Word format, as an email attachment to forsythfund@blindlowvision.org.nz

or post the signed hard copy to Waikato Regional Committee, Blind Low Vision NZ,

Post Box 854, Waikato Mail Centre, Hamilton 3240.

**Office use only**

Application number:

Date received:

Verify client number:

Verify client’s address within Forsyth Fund Area:

Decision: