

Kiwi Outreach Child/Young Person Sponsorship Application

Please read this page before you complete the Kiwi Outreach Sponsorship Application Form

WHAT DO I NEED TO KNOW?

Can I apply?

- Is the child or young person enrolled at a Cambridge secondary school
- Is the child or young person a NZ resident/citizen
- As a family you are financially disadvantaged. Your income from all sources is: 1 child - \$850 per week (after tax) or less; 2 children - \$950 per week (after tax) or less; 3 or more children - \$1050 per week (after tax) or less ; 4 or more children - \$1140 per week (after tax) or less

What can I get help for?

School related costs: e.g. stationery, school camps, school trips (excluding overseas trips), uniforms, school fees (excludes the voluntary donation component of school fees). Extra-curricular costs: e.g. sports fees, sports uniforms, music/swimming classes. Kiwi Outreach Child Sponsorship is a maximum of \$2000 per year per family. Kiwi Outreach will pay these funds direct to suppliers and service providers. You will not receive funds in cash.

How do I apply?

Complete the application form (ensure that you answer all the questions or it will not be processed) and post it with supporting documentation to Kiwi Outreach, PO Box 178, Cambridge 3450.

What do I need to include in the application?

- Financial documents including one of the following:
 - Statement of Assets and Liabilities or verified budget sheet from a budgeting agency (i.e. Cambridge Community House or Salvation Army)
 - A copy of your Community Services Card (if eligible)
 - A photo of the child/young person
 - Copy of child/young person's birth certificate or passport

Each application is considered on its merits and the allocation of funding is at the sole decision of the Kiwi Outreach's board or as funding permits. A fresh application will need to be made each year.

FULL NAME OF CHILD/YOUNG PERSON:

DATE OF BIRTH:

AGE:

MALE / FEMALE (please circle)

ADDRESS:

SUBURB (IN CAMBRIDGE):

POSTCODE:

ETHNICITY:

SCHOOL:

MOTHER/FATHER CAREGIVER/OTHER – PLEASE STATE

NAME:

PHONE:

ADDRESS:

MOBILE:.....

EMAIL:

DETAILS OF OTHER PEOPLE LIVING IN YOUR HOUSE THAT RELY ON YOUR FINANCIAL SUPPORT:

WHY DOES YOUR CHILD/YOUNG PERSON NEED THIS SPONSORSHIP?

WHAT SUBJECTS IS YOUR CHILD/YOUNG PERSON STUDYING AT SCHOOL:

WHAT SPORTS OR EXTRA CURRICULAR ACTIVITIES THE CHILD OR YOUNG PERSON INVOLVED IN:

WHAT FUTURE CAREER ASPIRATIONS DOES YOU CHILD HAVE?

PLEASE GIVE AN INDICATION OF THE LEVEL OF FINANCIAL ASISTANCE YOU THINK YOUR CHILD WILL REQUIRE THIS YEAR.

- SCHOOL FEES \$
- SCHOOL UNIFORM \$
- SPORT FEES \$
- SPORTS UNIFORMS
- OTHER (PLEASE SPECIFY) \$

YOU MUST FILL IN THIS SECTION

WEEKLY INCOME AFTER TAX

WAGES/SALARY \$

WINZ E.G. BENEFIT, PENSION \$

FAMILY TAX CREDIT/IRD \$

CHILD DISABILITY ALLOWANCE \$.....

UNSUPPORTED CHILD BENEFIT \$.....

OTHER INCOME \$.....(please give details)

TOTAL \$

HAVE YOU EVER APPLIED TO KIWI OUTREACH BEFORE? YES NO

IF YES, PLEASE GIVE DATES AND DETAILS:

I'VE INCLUDED IN MY APPLICATION ONE OF THE FOLLOWING:

- Statement of Assets and Liabilities or Verified budget sheet from a budgeting agency (i.e. Cambridge Community House or Salvation Army)
- A copy of your Community Services Card
- A photo of the child or young person
- Copy of child or young person's birth certificate or passport

All information provided in this section will remain confidential and will not be shared with any third parties.

Declaration

I believe the information I have provided to be true and correct. I understand that this information will be used by Kiwi Outreach to establish our need for funding and that I may be contacted by Kiwi Outreach in order to obtain further information if required. Should the grant application be successful I will make sure funds are only spent on our sponsored child. And I will report any change in our family's financial situation as soon as practicable to Kiwi Outreach by letter or email.

I acknowledge that Kiwi Outreach reserves the right to cancel or withdraw the Sponsorship of my child at its own discretion for any reason.

Completion of this form indicates your acceptance of these terms.

PARENT/CAREGIVER NAME:

RELATIONSHIP TO CHILD:

SIGNED:

DATE:

NAME OF PERSON WHO COMPLETED THIS FORM:

RELATIONSHIP TO THE CHILD'S PARENT/CAREGIVER: