**Hauraki Plains College**

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**Application for T C (Snow) Douglas Trust Funding**

Name: ……………………………………………………………………………. River Group: ………………….

Address: ………………………………………………………………………………………………………………………………..

T C (Snow) Douglas Trust Funding is available for current students of Hauraki Plains College to assist with academic, sporting, cultural and service opportunities under the following criteria. Individuals of teams may apply for funding, however, it is not available for teams. Please tick which criteria you are applying for funding under.

( ) Assistance to current students competing in academic, sporting and cultural events at

 International level.

( ) Reimbursement of part or full costs to students who have competed successfully

 ie gained placing’s in academic, sporting and cultural events at national level.

( ) Assistance to current students for talent development opportunities; must be

 identified as having outstanding talent in a particular field of endeavour whether

 academic, sporting, cultural or service.

( ) Assistance to current students who are both deserving and excellent role models

 within the school to assist with general school costs.

State achievement or opportunity which you believe qualifies you to apply for funding assistance.

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**Please fill out information as required over page, attach supporting evidence and forward to the Principal, Hauraki Plains College.**

**Please provide information as follows and tick box to indicate completion:**

[ ] Achievements/Involvements related to this application

 ………………………………………………………………………………………………………………………………………

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**Costs Involved**

[ ] Activity costs (please specify) ……………………………………………………………………………………….

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[ ] Transport ………………………………………………………………………………………………………………………

[ ] Accommodation ……………………………………………………………………………………………………………

[ ] Other (please specify)…………………………………………………………………………………………………….

[ ] Total Assistance applied for $ ………………………………………………………………………………………..

[ ] Receipts/Invoices/or other evidence of costs must be attached to this claim

[ ] Future Goals

 ……………………………………………………………………………………………………………………………………….

 ……………………………………………………………………………………………………………………………………….

[ ] Name of person and contact address who can verify information in this application

………………………………………………………………………………………………………………………………………..

**Please note:**

**All sections of this application, including evidence of costs, must be completed to be considered.**

Signed: ………………………………………………………….. ………………………………………………..

 Student Parent/Caregiver

Date: …………………………………………..