**Executive Officer: Fergus Sime, Level 5 Evan Parry House, 43 Princes St, P O Box 1131, Dunedin 9054**

phone: 03 477 7365 or 0800 76 22 22 fax: 03 477 6736 email: synod.otago.southland@xtra.co.nz

Charities Commission Registration Number CC52209

**Educational Fund**

*This application form has 4 pages. You must supply* ***all*** *the information requested,*

*or your application will automatically be declined without notice.*

***Please PRINT clearly, using BLACK pen or type.* A WORD copy of this form can be obtained from the Synod Executive Officer to type directly into.**

**Applications close on 30 November of each year.**

**Funds are allocated to organisations based within**

**Otago & Southland, and not to individual people.**

**Part 1: Details of applicant**

name of your organisation ………………….…………………………………………………………………………………………………………………………..

your name (Mr/Mrs/Ms/Miss/Rev/Dr) ……..…………………………………………………………………………………………………………………………

your position in the organization ……………..………………………….………………………………………………………………………………………………

your postal address ..……………………………………………………………………………….....…………………………………………………………………….

Post Code…….……………...

your contact details phone (work) 03…. ..…….……….…… (home) ……...………………… (cell)…………………

email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your organisation concerned with (*Circle*) **secular education** or **religious education**?

What is the main purpose of your organisation?

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

To whom is your organisation accountable? ……………………………….…………………………….……………………………………………………………..

**please round all figures to nearest one hundred dollars**

**Sum applied for: $ …………………..… Purpose: …………………………….……………………………….…………………………………..…………….…………….……………………………………………………………………………………………………………….………………………………………………………………………………………………………………………………**

Estimated total cost **for this project**: $ ………………… Funds in hand **for this project**: $ …………………

During the current financial year, how much do you expect to raise **for this project** through:

other grants $ ………………… donations $ ………………… fundraising $ ………………… loans / mortgages $ ………….…..…

How many people might this project help or is/has helped to date: ……………………………………………………………………………………….

Who else have you or might you apply to for funding for this Project? ……………………………………………………………………………………

1

**History of previous applications:**

What allocations have you received from Synod’s Educational Fund in previous years?

2018: $ ………..…… 2019: $ ……...……. 2020: $ ……………… 2021: $ ………..….. 2022: $ ………..….

**If you have been allocated funds for this project previously, please complete the Evaluation Form found on our website or from the Executive Officer and send it in with this application.**

**Part 2: Project details**

*The aim of the Educational Fund of Synod is to encourage, promote and assist secular and/or religious education in Otago and Southland, for the benefit of the community and/or the Church. Preference is given to tertiary educational institutions and schools recognised by the Church or State, but this does not exclude applications from other organisations.*

*As a general rule, funds are available towards:*

1. *personal services*
2. *cost of land or buildings used by tertiary institutions which provide residential accommodation for students to live under Christian influence and discipline*

2

1. **If this application is for personal services e.g. salaries, give details.**

*Please be concise. Do not write outside this box.*

1. **If this application is for land or buildings for tertiary residential accommodation, give details**.

*Please be concise. General repairs or maintenance of existing buildings will not be considered.*

1. **If the application is for other than personal services, land or buildings, give details**

*Please be concise. Do not write outside this box*

3.

1. **Other information which may assist the Advisory Committee on the Educational Fund**

*Please be concise. Do not write outside this box.*

***Please supply your latest annual financial report, a detailed budget for the project you are applying for, latest annual financial report for the local group making the application where you are part of a national organisation and any other material that may assist in considering your application.***

***Not all extra material supplied may be distributed to committee members.***

***Deputations in support of applications will not be heard, except when requested by the Advisory Committee Convener. Interested parties may not participate at the Annual Meeting of Synod in discussion of the Advisory Committee’s recommendations, nor may special pleading be made.***

I declare this application was duly authorised by resolution of (name of committee/board etc)

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

at a meeting held on …. / …. / ….. .

**I enclose the financial statement for the organisation’s last financial year.**

Signed ………………………………………………… Date …. / …. / ….

**Applications close with the Synod Executive Officer on 30 November.**

**Email: synod.otago.southland@xtra.co.nz or Mail to P O Box 1131, Dunedin 9054**

**Please contact the Synod Executive Officer for any advice you may require**

***Allocations made from this Fund are announced***

***after the Annual Meeting of Synod, in April next year.***

4