

Forsyth Fund: Grant Application Form - Individual (Form 2)

For items of equipment costing $200 or less (excluding GST)

Purpose:

* To offer financial assistance for the enhancement of potential and independence of clients of Blind Low Vision NZ.

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.

***Applications will be accepted at any time and will be considered on receipt.***

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| Amount applied for: |
| Provide details of the equipment: |
| Name of Individual: |
| Client number: |
| Address: |
| Phone number: |
| Email: |
| Delivery Address, if different from above: |
| Contact Person/Referrer (name and relationship/position held): |

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

* Certify that the information supplied is true and correct.
* 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](mailto:forsythfund@blindlowvision.org.nz)

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

PO Box 854, Waikato Mail Centre, Hamilton 3240.

***Office use only:***

Application number: Date received: Verify client number:

Verify client’s address is within Forsyth Fund Area: Decision: