

HYMAN MARKS TRUST

Application For Grant

Please mail to:
The Secretary,
Hyman Marks Trust,
PO Box 35135, Shirley,
CHRISTCHURCH 8013

Applicant Details:

Name: _____

Employer: _____

Address: _____

Details of person who will benefit:

Name: _____

Date of birth: _____

Address: _____

Personal circumstances, family background, goods or service requested:

(in terms of the Hyman Marks Will, please identify your client's need/hardship)

Total cost:

\$ _____

Less amount able to be contributed:

\$ _____

Net amount of grant requested:

\$ _____

Identity & address of provider of goods or service:

In signing this I declare the information is to the best of my knowledge true and correct.

I also declare that I have met and interviewed this person and have gathered sufficient information to support this application.

Applicants signature:

Date: _____

For Office use:

Amount approved: _____

Signatures: _____
