



THE RNZE CHARITABLE TRUST Incorporated

C/o DSS Registry
Linton Military Camp
Palmerston North 4820
NEW ZEALAND



“Preserving RNZE Heritage”

www.nzsappers.org.nz

Bursary Scheme Application

Aim

The aim of the RNZE Charitable Trust Bursary Scheme is to provide a mechanism of support to both serving and retired members of the RNZE.

Guidelines

1. The scheme is open to all ranks and members of the Corps, with priority being given to those currently serving.
2. The limit of each grant is up to \$500, according to each application and considered on their individual merits.
3. Applications are to be made to the Secretary who will circulate to all Trustees for consideration.
4. Applicants are to seek assistance from all relevant avenues of support and welfare prior to raising an application to the RNZE CT.
5. For all product related requests, three quotes should be included as enclosures to ensure the most reasonable and/or compatible product is sourced where possible.

Application Process

1. Fill out the attached form, provide as much detail as possible.
2. Attach enclosures where necessary.
3. Request endorsement from OC/CI.
4. Send to RNZE CT Secretary for distribution to Trustees.

Upon approval, the applicant will be informed and funds will be transferred to the account provided in the application form. It is recommended that a letter of thanks is addressed to the RNZE CT Trustees and sent to the Secretary for distribution.

Funding

Funding for the RNZE CT is only possible because of generous donations from regular RNZE CT donors, therefore funds available are finite. Please ensure you consider the suitability of your application before submitting.

RNZE CT Contact

ecmc@inspire.net.nz

RNZE CT Bursary Scheme Application

Applicant Information

Service number:

Unit;

Full name:

Address:

Rank:

Contact Phone Number:

Category (Please circle one):

Category A – Serving, personal development

Category B – Serving, welfare

Category C – Ex serving sapper, personal development

Category D – Ex serving sapper, welfare

Background information.

1. Provide some information on what is needed and why.

2. Duration.

3. End state/ goal.

4. Have you sought funding from alternative sources (such as RSA, Camp Welfare Hubs, Unit UPF, VANZ, WINZ)? **Yes/No**
Provide some detail below

Bank Details:

Account name:

Account Number: _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _ - _ _

Date:

Signature:

Endorsement

(Unit OC/CI for serving personnel)

Endorsed/ Not Endorsed

Name:

Comments:

Rank:

Position:

Date:

Signature:

Approval

(For RNZE CT use only)

Approved/ Not Approved

Name:

Comments:

Appointment:

Date:

Signature:

Enclosures (where applicable):