

Eligibility

* indicates a required field

Guidelines

This field is read only.

Applicants: please note

Before completing this application form, you should have read the guidelines: <https://cdc.govt.nz/wp-content/uploads/2024/01/CDC-RSA-Grant-Guidelines-.pdf>

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this grant. It is crucial that you complete these questions before any others to ensure you do not waste your time applying for an unsuitable grant.

If you have any questions in regards to these eligibility criteria, please contact **Sandra Burles, sandrab@cdc.govt.nz**

If you do contact us throughout the application process, please quote the application number below:

Application Number

This field is read only.

Confirmation of Eligibility

I confirm that I have read and understand the programme guidelines *

- Yes No

I am a direct descendant of a Veteran or Service personal (Child, Grandchild or Great-Grandchild) *

- Yes
 No

I am currently undertaking (or starting) full-time tertiary study *

- Yes
 No

I am under 25 years of age *

CDC Returned and Services Memorial Trust application form 2025

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- Yes
- No

I am a first time applicant to this Grant funding *

- Yes
- No - I have applied previously and received a grant
- No - I have applied previously, but been unsuccessful in receiving funding

How many years have you been a resident in the Carterton District for? *

Residence within the Carterton district shall be defined as living with a parent or guardian or in a charitable institution in the district (excluding boarding hostels).

Contact Details

* indicates a required field

Privacy Notice

To view our privacy statement, go to <https://cdc.govt.nz/your-council/publications/privacy-policy/>

Applicant Details

Applicant *

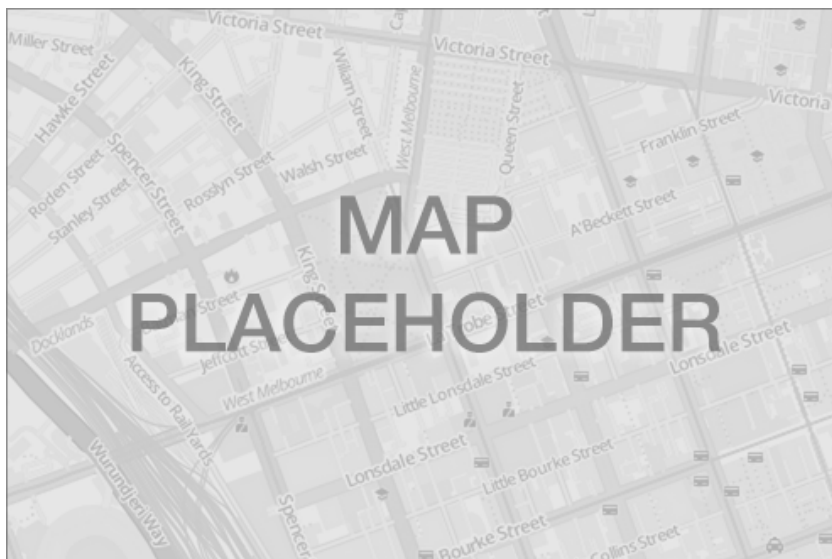
| Title | First Name | Last Name |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Applicant primary address

Address

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Applicant postal address

Address

Applicant primary phone number *

Applicant email address *

Must be an email address.

Veteran or Service Personal Information

* indicates a required field

Please supply the name of the service person or veteran that you are a direct descendent of: *

Describe what you know about your descendant's military service, include Service Number if known.

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You can upload information here:

Attach a file:

Educational Information

* indicates a required field

Degree or Qualification sought: *

Name of Tertiary Institution *

Student or Enrolment Number

Subjects or papers studied this year *

Qualifications or Papers already obtained (if any)

Year intended to complete study *

Acknowledgement of enrolment acceptance *

Attach a file:

Financial Information

* indicates a required field

Expenditure

| Expenditure Type | Expenditure Amount (\$) | Notes |
|------------------|-------------------------|-------|
| | \$ | |
| | \$ | |
| | \$ | |

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| | | |
|--|----|--|
| | \$ | |
| | \$ | |

Income

| Income Type | Confirmed Funding? | Income Amount (\$) | Notes |
|-------------|--------------------|--------------------|-------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Budget Totals

Total Income Amount

\$

This number/amount is calculated.

Total Expenditure Amount

\$

This number/amount is calculated.

Income - Expenditure

This number/amount is calculated.

Total Amount Requested

\$

What is the total financial support you are requesting in this application?

Please attach proof of payment of fees *

Attach a file:

Please upload a copy of your bank account details *

Attach a file:

Certification and Feedback

* indicates a required field

Certification

I certify that to the best of my knowledge the statements made within this application are true and correct.

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I agree *

Yes

No

Signed by *

Title

First Name

Last Name

Must be a senior staff member, board member or appropriately authorised volunteer

Applicant Feedback

You are nearing the end of the application process. Before you review your application and click the **SUBMIT** button please take a few moments to provide some feedback.

Please indicate how you found the online application process:

Very easy

Easy

Neutral

Difficult

Very difficult

Please provide us with your suggestions about any improvements and/or additions to the application process/form that you think we need to consider.