

# CDC Returned and Services Memorial Trust application form 2025

## Form Preview

### 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](mailto: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 \***

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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**

<input type="text"/>
<input type="text"/>

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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.**

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.**