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The Dilworth Old Boys Centennial Foundation Trust (DOBCFT) provides funds.

1. For Old Boys in straitened financial circumstances, to enable him, or them, to carry out and participate in any form of training or education which is desirable for the old boy’s further advancement in life.
2. For the benefit of pupils of Dilworth School.

Please note that in the event of a successful grant application you acknowledge and consent to

submitted reports, letters of appreciation and photographs related to a DOBCFT financial grant may be used for promotional purposes by Dilworth or the DOBCFT in future.

**To apply for a DOBCFT financial grant please complete the questions below.**

**Applicant Details**

| Name |  |
| --- | --- |
| Date of birth |  |
| Address |  |
| Phone |  |
| Email |  |

**Dilworth History**

| 1. | What year did you start at Dilworth? |  |
| --- | --- | --- |
| 2. | What year did you finish at Dilworth? |  |
| 3. | Are you a current member of the Dilworth Old Boys Association (DOBA)? |  |
| 4. | Have you ever received a DOBCFT grant in the past? |  |
| 5. | If you answered Yes to the previous question.   1. How much did you receive? 2. When did you receive the grant? 3. What did you receive the grant for? |  |

**Personal History**

| 6. | Tell us a bit about yourself (Family, Professional, Education, Interests, Clubs/Groups etc.) |
| --- | --- |
|  |
| 7. | Please provide details of your current job and employer, if applicable. |
| Student |

**Grant request**

*Please answer the following questions in as much detail as possible to allow the Trustees to make an informed decisions about your grant request.*

| 8. | What are you requesting the financial grant for? |
| --- | --- |
|  |
| 9. | What are the details of the qualification/experience/opportunity? (Dates, cost, location etc.)  *If possible, please also include with this application a copy of any correspondence confirming the information above (E.g., Course Acceptance Letter)* |
|  |
| 10. | What do you hope to gain from the qualification/experience/opportunity? |
|  |  |
| 11. | What are you doing to fund the course/qualification/experience/opportunity yourself? |
|  |  |
| 12. | How much are you requesting? |
|  |  |
| 13. | How will completing this course/qualification/experience/opportunity further advance your life? |
|  |  |
| 14. | How will/could completing this course/qualification/experience/opportunity contribute to Dilworth School, DOBA of the DOBCFT? |
|  |  |

Thank you for completing this grant application. Please forward this application form along with any supporting documents to:

[DOBCFT@dilworth.school.nz](mailto:DOBCFT@dilworth.school.nz).

Please note applications are assessed at the four DOBCFT meetings periodically throughout the year. It is recommended that Grant Applications be submitted at least two weeks prior to the next DOBCFT meeting.