**Forsyth Fund: Grant Application Form - Individual (Form 2)**

**For items of equipment costing $200 or less (excluding GST)**

**Purpose:**

* To offer financial assistance for the enhancement of potential and independence of clients of Blind Low Vision NZ.

**Criteria for an Individual:**

* Registered client of Blind Low Vision NZ who lives within the boundaries of the Waikato Regional Council or the Waikato District Health Board.

***Applications will be accepted at any time and will be considered on receipt.***

Amount applied for (GST excluded):

Provide details of the equipment:

Name of Individual:

Client Number:

Address:

Phone Number:

Email:

Delivery Address, if different from above:

Contact Referrer (name and relationship/position held):

**As applicant, I** (insert name)

* Certify that the information supplied is true and correct
* Agree that any grant will be used for the purposes specified only, unless otherwise agreed by the Waikato Regional Committee.

**Signature** **or electronic signature:**

**Date:**

Send in Word format, as an email attachment, to forsythfund@blindlowvision.org.nz

or post the signed hard copy to Waikato Regional Committee, Blind Low Vision NZ,

PO Box 854, Waikato Mail Centre, Hamilton 3240.

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**Office use only**

Application number: Date received: Verify client number:

Verify client’s address is within Forsyth Fund Area: Decision: