

Support Application Individuals



Jagriti Foundation is contributing to New Zealand communities by offering support in key areas related to our objects and purposes. Applications are evaluated according to their alignment to the foundation's objects and purposes. Attach a personal statement (see question 10) to this form when submitting your application.

1. APPLICANT

Full name	<input type="text"/>		
Date of birth	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Current address	<input type="text"/>		
Mobile number	<input type="text"/>		
Email address	<input type="text"/>		

2. SUPPORT PERSON/SPONSOR/EMERGENCY CONTACT

Full name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Current address	<input type="text"/>
Contact number	<input type="text"/>
Email address	<input type="text"/>

3. REFEREE (if not same as above)

Full name	<input type="text"/>
Relationship to applicant	<input type="text"/>
Contact number	<input type="text"/>

4. APPLICATION FOCUS

Please choose the Jagriti Foundation objects and purposes your application relates to:

<input type="checkbox"/> Education	<input type="checkbox"/> Housing and shelter	<input type="checkbox"/> Health and healthcare
<input type="checkbox"/> Physical and emotional wellbeing	<input type="checkbox"/> Community and family support	<input type="checkbox"/> Recovery and rehabilitation support

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5. SUPPORT REQUESTED

6. SUPPORT/SERVICE (if known)

Name

Organisation

Contact number

7. Is your application for support related to an addiction? If 'YES', complete the following questions. If 'NO' go to question 8.

- i. Are you 'clean'/sober? Yes No - If 'Yes', for how long? Days Years
- ii. How long have you been using/drinking? Days Years
- iii. Have you been involved in a support program in the past? Yes No
- If 'Yes', which program?
- Did you complete the program? Yes No

8. Do you have any other family members/friends that need support aligned to this application?

Yes No

9. How did you find out about Jagriti Foundation?

10. PERSONAL STATEMENT

Please attach a personal statement including:

1. The reason for the application
2. Your desire to change / Your desire to add value (if you completed question 7)

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Requests for funding are subject to approval by the Trustees of Jagriti Foundation. There is no closing date for applications. We recommend that you submit your request **at least one month before** you need the donation. Please email the completed application form and any relevant supporting documents to care@jagritifoundation.org.

Applicant signature: _____ Date: _____

Witness signature: _____ Date: _____

ADMINISTRATORS USE ONLY

Jagriti Foundation application number:

Date application received: _____

Date application reviewed by Jagriti Foundation: _____

Comments:

Board decision:

Approved in full Approved with amendments Declined

Signed by: _____ Signature: _____ Date: _____

Signed by: _____ Signature: _____ Date: _____