

FAMILYLIFE™

Help for today. Hope for tomorrow.

Funding Application Form

First Names: _____ Surname _____

Address: _____
street

_____ suburb _____ town/city _____ postcode

Home Phone: _____ Mobile: _____

His Occupation: _____ Her Occupation _____

His Age: _____ Her Age: _____ No. of Children: _____ Ages: _____

Your Church (if applicable): _____

Event that you would like to attend: _____

We'd like to apply for \$ _____ towards the cost of attending this event. (max \$225.00)

Reference: Name _____ email _____
(A friend or Pastor who knows you to support your application).

Explain the reasons why you need to be sponsored to attend this event:

If this application is approved, we agree to write a letter of appreciation to FamilyLife following the event (your feedback will encourage our Donors who provide the funds).

Your signature: _____ Date: _____

Include your reference note with this completed form and email to info@familylife.nz or mail to FamilyLife PO Box 112233 Penrose Auckland 1642, at least two weeks prior to event.