



## New Zealand Fallen Heroes Trust Request for Support - Application Form

The Fallen Heroes Trust believes it can play a role in enabling Fallen Heroes and/or their dependents to lead fulsome lives and fulfil their dreams and aspirations. The Trust believes in giving a helping hand up but not a hand out, thereby supporting those who demonstrate a commitment and a preparedness to help themselves. We recognize that our fallen heroes and their families sometimes need assistance to get past a challenge or to take on a new direction in their lives that have very unique circumstances.

Please fill in the details below so that we can help you as soon as possible. Please note that the Board of Trustees are volunteers and only convene once per month. Therefore unless this is an immediate assistance request, please anticipate approximately a 6 week process for request approvals.

<b>Today's Date:</b>	<b>Service (current or previous): Navy/ Army/ Airforce</b>	
<b>Name of Killed/Injured Service Member:</b>		
<b>(If Serving) Rank:</b>	<b>Unit:</b>	<b>Location:</b>
<b>Date of Birth:</b>	<b>Status: Still Serving/ Retired Veteran/ Civilian dependent</b>	
<b>Current Address:</b>		
<b>Home Phone #:</b>	<b>Cell Phone #:</b>	
<b>Email Address:</b>		
<b>Name of Person Accepting Grant:</b>		<b>Relationship to injured/deceased:</b>

**Post to:** P.O. Box 9129,  
Christchurch 8149

**email:** [nzfallenheroestrust@gmail.com](mailto:nzfallenheroestrust@gmail.com)

<p><b>ELIGIBILITY:</b></p> <p><input type="checkbox"/> Widow, widower or former partner of deceased since 1999;</p> <p><input type="checkbox"/> Diagnosed mental or physical illness/casualty as a result of an operational deployment since 1999. (If this injury was not diagnosed during your service you will have to provide evidence of your injury claim).</p> <p><input type="checkbox"/> Immediate family/Partner of casualty since 1999;</p> <p><input type="checkbox"/> Children and step-children 25 years and under of a casualty</p> <p><input type="checkbox"/> Immediate family of deceased</p>		
<b>Home Phone #:</b>	<b>Cell Phone #:</b>	<b>Email Address:</b>
<b>Address for cheque to be delivered to:</b>		
<b>If Injured - Case Circumstances</b>		
<b>Original Date Injured:</b>	<b>Which operational location did this occur?</b>	
<b>If injured, type of injury:</b>		
<b>Was this diagnosed while serving?</b>	<b>Yes/no</b>	
<b>Current Doctor</b> (if not serving we may need to verify your situation)	<b>Phone#</b>	
<p>We need to try to understand what you are expecting from the Trust and who else may be assisting. Since the death/injury/incident:-</p> <p><b>1. Have you applied for funding assistance from any other agency for this stated purpose? AND</b></p> <p><b>2. Have you received finance or other assistance from any person, organisation, Trust or Corporation?</b></p>		<p><b>Yes/No</b></p> <p><b>Yes/No</b></p>
<p><b>If Yes</b>, provide details of the person, organisation Trust or Corporation who assisted, the amount received, date of receipt, and purpose of the funding or assistance offered or provided.</p>		



**APPLICATION DETAILS:**

*Please provide a brief summary of your request for support. Please include the nature of the activity, what has been done to date/your commitment, the estimated cost, the anticipated benefit and why this is important to you. The application should be supported by a quote for any materials or services. Please detail any potential need for ongoing commitment and the timeframe.*

**APPROVAL BY TRUST**

Guidance:

<p><input type="checkbox"/> Does the applicant meet the criteria in section 1.</p> <p><input type="checkbox"/> NZDF records check. (Comments)</p> <p>Does the activity fall into any of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> An immediate needs grant.</li> <li><input type="checkbox"/> Assistance for education or vocational training.</li> <li><input type="checkbox"/> Home help/child care/attendant care assistance either for basic support or to enable work, self-development or education.</li> <li><input type="checkbox"/> Assistance toward personal development.</li> <li><input type="checkbox"/> Assistance toward life coaching or counselling support.</li> <li><input type="checkbox"/> Assistance toward a sporting or arts goal.</li> <li><input type="checkbox"/> Rehabilitation assistance</li> <li><input type="checkbox"/> Assistance for an appropriate tribute/headstone for the family to remember/celebrate their fallen hero</li> </ul> <p><input type="checkbox"/> Does the proposed activity/support help the recipient lead a fulsome life, or help them to fulfil their dreams and aspirations</p>	<p><b>Comments</b></p>
---	------------------------

**APPROVED/NOT APPROVED**

Signatory 1	<p><b>Approved Amount:</b></p> <p>\$</p>
Signatory 2	