

**JAMES GIBB FUND.**

P O Box 12-706, Thorndon, WELLINGTON 6144

**APPLICATION FOR GRANT FOR YOUTH WORKER  
(applications close 31<sup>st</sup> October)**

PARISH : ..... LOCATION : .....

CONTACT PERSON : Name : ..... Phone : .....  
Address : ..... Cellphone: .....  
Email: .....

(All questions must be answered. In the event of insufficient room a précis must be given on this page.)

1. **Position Name** : ..... 2. **Length of Appointment** : .....

3. **Proposed Starting Date** : ..... 4. **Hours per week** : .....

5. **Qualifications Required** :

6. **Programme Summary (attach full Job Description)** including

6.1 work with existing youth/groups in parish

6.2 work beyond existing youth/groups

6.3 state what (if any) consultation has been made with other Churches

7. **Proposed appointee (if known) and brief CV** :

8. **Budget summary for first 12 months (attach full copy of budget)** :

.....	\$ _____
.....	\$ _____
.....	\$ _____
TOTAL	\$ _____

9. **Amount applied for** : \$ \_\_\_\_\_

10. **Please provide bank deposit slip to enable direct credit of grant:**

This application has the full support of ..... Parish.

..... Minister ..... Session Clerk