



## 2019 TERTIARY EDUCATION GRANT APPLICATION FORM

**APPLICATIONS CLOSE: Tuesday 30<sup>th</sup> April 2019 at 4pm**

**SUBMIT APPLICATIONS TO:**

Deloitte Rotorua

Moana Miller

2/1176 Amohau Street (PO Box 12003)

ROTORUA.

(07) 343 1050

nzrotoruaenquiries@deloitte.co.nz

### Eligibility:

1. You must be a current shareholder or a direct descendant of a current land owner. If you whakapapa to a Whanau Trust your application must be signed by a **Responsible Trustee of the Whanau Trust**.
2. Only third year of tertiary level studies qualify (University or Polytechnic students).  
Applicants in their final year of study will be eligible for the grant if they have not previously received a tertiary grant from the trust.
3. If you are applying for a grant, you must supply evidence of successful completion of your previous years study.

### Policy for allocating grants:

4. Grants shall not exceed more than 50% of annual course costs, text books or accommodation up to a maximum of \$1,000 per student per calendar year.
5. The Trustees will receive applications from Tertiary students in their first year of study and beyond **but preference will be given to students in their third year of study** and beyond. Applications will only be accepted on the official application form
6. Previous tertiary academic records must be provided for the year prior to applying for this grant.
7. Allocation of grants is entirely at the Trustees' discretion and correspondence will not be entered into.



**CHECKLIST: It should be noted that incomplete application forms may not be considered. Please ensure you have checked your application form and submitted all required information.**

1.	A COPY OF YOUR MOST RECENT ACADEMIC RECORD FOR YOUR CURRENT COURSE IF YOU ARE A SECOND YEAR STUDENT	
2.	A COPY OF YOUR INVOICE AND RECEIPT FOR ENROLMENT FEES AND EVIDENCE OF YOUR COURSE RELATED COSTS. (A COPY OF STUDYLINK PAPERWORK SHOWING PAYMENT OF FEES IS SUFFICIENT EVIDENCE FOR A RECEIPT OF ENROLMENT FEES).	
3.	A BANK DEPOSIT SLIP VERIFIED BY YOUR BANK OR A BANK STATEMENT FOR THE ACCOUNT YOU WANT THE GRANT TO BE PAID INTO.	
4.	THE NAME AND CONTACT PHONE NUMBER FOR THE BENEFICIARY YOU DESCEND FROM, AND HAVE YOU SIGNED THE APPLICATION	

Mangorewa Kaharoa



Te Taumata Trust



**2019 TERTIARY EDUCATION GRANT APPLICATION FORM**

**APPLICANT DETAILS:**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Gender:      Male/ Female      Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

IRD Number: \_\_\_\_\_

**CONTACT DETAILS:**

Address : \_\_\_\_\_



Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Parents Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**COURSE DETAILS**

Name of Institute / Organisation: \_\_\_\_\_

Name of Qualification / Program: \_\_\_\_\_

Please indicate year of study (please circle)

1<sup>st</sup> year      2<sup>nd</sup> year      3<sup>rd</sup> year      4<sup>th</sup> year      Masters      Doctorate

What year do you intend to graduate? \_\_\_\_\_

Are you considered to be studying (please circle)?

Full time      Part time

Have you previously received a grant from Mangorewa Kaharoa Te Taumata Trust (please circle)?

No

Yes      Year(s) Received \_\_\_\_\_

Please describe how the skills attained from your studies could be utilised to contribute to the growth of Mangorewa Kaharoa Te Taumata Trust in the future.

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**COURSE COSTS:**

Annual cost of Studies/Course: \_\_\_\_\_

Course Related Costs: \_\_\_\_\_

Your contribution to these costs: \_\_\_\_\_

**WHAKAPAPA:**

_____	_____
Grandparent	Grandparent
_____	_____
Mother	Father
_____	
Student/Applicant	

**CURRENT REGISTERED LAND OWNER:**

**IMPORTANT (If you whakapapa to a Whanau Trust a Responsible Trustee for the Whanau Trust is required to sign this application).**

Current Land Owner's Full Name: \_\_\_\_\_

Land Owner's **Signature** and Phone Number: \_\_\_\_\_

**OR**

Name of Whanau Trust: \_\_\_\_\_

Responsible Trustee for the above Whanau Trust  
Full Name, **Signature** and Phone number: \_\_\_\_\_

**DECLARATION**

I declare that the information given in this application is true and correct.

Pursuant to the Privacy Act 1993, I hereby give consent to Mangorewa Kaharoa Te Taumata Trust to collect information about myself from any third party in relation to this application.

If the application is successful, the applicants name and funding amount will be published in the Trust's AGM report.

Name of Applicant: \_\_\_\_\_

**Signature** of Applicant: \_\_\_\_\_

Dated: \_\_\_\_\_