



2020 TERTIARY EDUCATION GRANT APPLICATION FORM

APPLICATIONS CLOSE: Thursday 30th April 2020 at 4.30pm

SUBMIT APPLICATIONS TO:

Deloitte Rotorua

Secretary for Trust

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



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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)

1st year 2nd year 3rd year 4th 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.

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: _____