



TE URI O HAU BENEFICIARY CHARITABLE TRUST INDIVIDUAL EDUCATION GRANT APPLICATION FORM

IMPORTANT INFORMATION – To ensure your application is processed please follow the guidelines below.
Please note that grants do not cover operational costs for business

- 1 To apply for a grant you must be of Te Uri o Hau descent and you must be registered as a beneficiary with the Te Uri o Hau Settlement Trust. Please contact the office on (0800) 438 894 to register or check with the registry.
- 2 Provide confirmation of your enrolment and/or confirmation of the courses you are studying this year endorsed by the education institution you are enrolled.
- 3 TUOH Charitable Trust does not accept any responsibility for lost or delayed application packages caused by incorrect mailing instructions or delays in delivery.
- 4 You must advise TUOH Charitable Trust of any changes to your application i.e. *withdrawal from institute or course, change of course etc.* All changes must be advised in writing (email, fax and post are acceptable)
- 5 If you meet scholarship criteria, you can apply for as many TUOH Charitable Trust scholarships as you wish, however you can only be awarded one
- 6 Incomplete or late applications will not be considered
- 7 Submit this application and supporting documentation on time. Completed applications must be received before the closing date deadline
- 8 All applicants (successful and unsuccessful) will be notified in writing within two months after the scholarship closing date

CLOSING DATE

Applications close at 5:00pm Friday 1 March 2019

Postal Address: Freepost 236573
Educational Fund Applications
TUOH Charitable Trust
PO Box 657
WHANGAREI 0140

Physical Address: Taitokerau Maori Trust Building
Level 3
5 Hunt Street
WHANGAREI 0110

Phone: (0800) 438 894

Email: sperkinson@uriohau.co.nz

SECTION 1

Individual Education Grant

Please print clearly. Please read this application form carefully and complete all sections.
Incomplete applications will not be considered for a grant.

Personal Details

Surname		TUoH Member No	
First Name			
Middle Name(s)			
Gender	circle one FEMALE MALE	Date Of Birth	/ / /
Address			
Suburb / R.D No			
Town / City			
Primary Contact Ph No		Alternative Phone No	
Email Address			

Bank Account Details

Bank Account No	<table><tr><td></td><td></td></tr><tr><td>BANK</td><td></td></tr></table>			BANK		<table><tr><td></td><td></td><td></td><td></td></tr><tr><td>BRANCH</td><td></td><td></td><td></td></tr></table>					BRANCH				<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>ACCOUNT No</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									ACCOUNT No								<table><tr><td></td><td></td></tr><tr><td>SUFFIX</td><td></td></tr></table>			SUFFIX	
BANK																																				
BRANCH																																				
ACCOUNT No																																				
SUFFIX																																				
Bank Account Name																																				

Note: An encoded bank deposit slip of bank verification of your bank a/c number is to be submitted with this application

Marae Affiliation

ANCESTRAL MARAE Please tick one box	<table><tr><td>Oruawharo</td><td><input type="checkbox"/></td></tr><tr><td>Otamatea</td><td><input type="checkbox"/></td></tr><tr><td>Waihaua</td><td><input type="checkbox"/></td></tr><tr><td>Waikaretu</td><td><input type="checkbox"/></td></tr></table>	Oruawharo	<input type="checkbox"/>	Otamatea	<input type="checkbox"/>	Waihaua	<input type="checkbox"/>	Waikaretu	<input type="checkbox"/>	WHANAU MARAE Please tick one box if applicable	<table><tr><td>Naumai</td><td><input type="checkbox"/></td></tr><tr><td>Te Pounga</td><td><input type="checkbox"/></td></tr><tr><td>Waiotea</td><td><input type="checkbox"/></td></tr><tr><td>Ripia</td><td><input type="checkbox"/></td></tr><tr><td>Waiohou</td><td><input type="checkbox"/></td></tr></table>	Naumai	<input type="checkbox"/>	Te Pounga	<input type="checkbox"/>	Waiotea	<input type="checkbox"/>	Ripia	<input type="checkbox"/>	Waiohou	<input type="checkbox"/>	<table><tr><td>Parirau</td><td><input type="checkbox"/></td></tr><tr><td>Te Kowhai</td><td><input type="checkbox"/></td></tr><tr><td>Rawhitiroa</td><td><input type="checkbox"/></td></tr><tr><td>Oturei</td><td><input type="checkbox"/></td></tr><tr><td>Ngataiwhakarongorua</td><td><input type="checkbox"/></td></tr></table>	Parirau	<input type="checkbox"/>	Te Kowhai	<input type="checkbox"/>	Rawhitiroa	<input type="checkbox"/>	Oturei	<input type="checkbox"/>	Ngataiwhakarongorua	<input type="checkbox"/>
Oruawharo	<input type="checkbox"/>																															
Otamatea	<input type="checkbox"/>																															
Waihaua	<input type="checkbox"/>																															
Waikaretu	<input type="checkbox"/>																															
Naumai	<input type="checkbox"/>																															
Te Pounga	<input type="checkbox"/>																															
Waiotea	<input type="checkbox"/>																															
Ripia	<input type="checkbox"/>																															
Waiohou	<input type="checkbox"/>																															
Parirau	<input type="checkbox"/>																															
Te Kowhai	<input type="checkbox"/>																															
Rawhitiroa	<input type="checkbox"/>																															
Oturei	<input type="checkbox"/>																															
Ngataiwhakarongorua	<input type="checkbox"/>																															

Application Details

What is the name of the school / institution you are attending Name of school / institution		
What study level are you enrolled this year Please tick one box	Primary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary / College <input type="checkbox"/> Tertiary <input type="checkbox"/> Other (please state)		
What course / programme are you studying this year Applies to Tertiary only Note: confirmation of your enrolment on the course or institute is to be submitted with this application		
If you are at Tertiary / Apprentice student what will you be this year	1 st year student <input type="checkbox"/> 2 nd year student <input type="checkbox"/> 3+ year student <input type="checkbox"/> Trade Certificate <input type="checkbox"/> Other (please state)		
Why do you require Financial Assistance? Please tick one box	Fees (if applicable) <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel <input type="checkbox"/> Other (please state) Note: evidence of costs is to be submitted with this application		
What qualification / certificate do you plan to achieve on completion of your study? 50 words max			

SECTION 2

Whakapapa

Please print clearly. Please read this application form carefully and complete all sections.

Incomplete applications will not be considered for a grant.

NOTE: IF YOU HAVE PROVIDED YOUR TUOH ID NO. IN SECTION1 YOU DO NOT HAVE TO COMPLETE WHAKAPAPA SECTION2

Great Grandfather	Great Grandfather	Great Grandfather	Great Grandfather
Great Grandmother	Great Grandmother	Great Grandmother	Great Grandmother
Grandfather	Grandmother	Grandfather	Grandmother
Father		Mother	
You			

Whakapapa Endorsement

Kaumatua / Kuia Name	
Postal Address	
Contact Phone No	
 /...../20..... Kaumatua / Kuia Signature Date	

SECTION 3

Personal Statement

Please describe in 100 words or less how this grant will benefit you (or) your group, your whanau and hapu Te Uri o Hau.
If necessary, continue onto another sheet of paper and attach to this application

Grant History

Have you received a grant from Te Uri o Hau before?	circle one	YES	NO
If you answered yes, what year did you receive the grant and how much did you receive?		Year	\$
What did you receive the grant for?			
Did you complete the course/programme that you received the grant for and if so what was the outcome or the qualification you achieved			
Note: Please provide evidence			

SECTION 4

Declaration

Te Uri o Hau aims to support and uplift its hapu members and believes that in order for this to occur a strong succession is the key. If you are interested in contributing to the enhancement of your hapu would you like us to contact you if an opportunity became available?

Circle one

YES

NO

If you answered yes, please tick any of the following that you would be interested in participating and/or receiving panui on.

Administration	<input type="checkbox"/>	Kaitiakitanga / Resource Management	<input type="checkbox"/>
Management	<input type="checkbox"/>	Marae Development	<input type="checkbox"/>
Governance	<input type="checkbox"/>	Whanau Well-being Development	<input type="checkbox"/>
Agriculture	<input type="checkbox"/>	Health	<input type="checkbox"/>
Horiculture	<input type="checkbox"/>	Housing	<input type="checkbox"/>
Legal Counsel	<input type="checkbox"/>	Social Work	<input type="checkbox"/>
Accounting / Audit	<input type="checkbox"/>	Charitable Services	<input type="checkbox"/>

Declaration

Please read each statement and tick the box next to it if the statement is true, sign and date the form. If you cannot truthfully make each statement you should not submit an application

- ☐ The information I / we have given in this application is true and correct
- ☐ I am (or) we are of Te Uri o Hau descent
- ☐ I/We have read and understood the information about each section of this application form
- ☐ I/We understand that if I/we are successful to receive a grant and I/we do not complete the study or activity for which the grant was given that I/we will be required to repay all funds
- ☐ I/We understand that if my/our application is incomplete or late that it will not be considered
- ☐ I/We understand that signing this declaration is a requirement of this application and if not signed this application will not be considered
- ☐ If I/we are successful in this application, I/we agree that my/our details can be used by the TUOH Charitable Trust and/or its shareholder Te Uri o Hau Settlement Trust to promote the scholarship/sporting grant programme
- ☐ I/We will forward a letter confirming my/our achievements to TUOH Charitable Trust on completion
- ☐ (if applicable) My parent/guardian will complete this declaration on my behalf as I am under the age of 18 years old.

Signature of Applicant (or) Parent/Guardian

_____/_____/20____

Print full name of Parent or Guardian if signed on behalf of applicant

CHECKLIST

Have you completed all sections and included all supporting documentation?

Section 1	Personal details completed	<input type="checkbox"/>
	Bank account details completed	<input type="checkbox"/>
	Copy of bank statement or encoded bank deposit slip attached	<input type="checkbox"/>
	Marae Affiliation details completed	<input type="checkbox"/>
	Criteria details completed	<input type="checkbox"/>
	Copy of confirmation of enrolment at institute / school / course attached	<input type="checkbox"/>
	Copy of invoice (or) receipt of costs attached	<input type="checkbox"/>
Section 2	Whakapapa completed	<input type="checkbox"/>
	Whakapapa endorsement is signed and dated by Kaumatua or Kuia	<input type="checkbox"/>
Section 3	Personal statement completed	<input type="checkbox"/>
	Grant history completed	<input type="checkbox"/>
	Copy of qualification / certificate / learning record where a grant was issued previously, attached	<input type="checkbox"/>
Section 4	Survey completed	<input type="checkbox"/>
	Declaration completed	<input type="checkbox"/>
Send it in	<p>Return your application and supporting documentation before 5pm, Friday 1 March 2019:</p> <p>By Post: Freepost 236573 Education Fund Application TUOH Charitable Trust PO Box 657 Whangarei 0140</p> <p>Deliver in Person: Tai Tokerau Maori Trust Building Te Uri o Hau Settlement Trust office Level <u>3</u> 5 Hunt Street Whangarei 0110</p>	