

TUAROPAKI TRUST
Application for Education Grant 2009

OWNER DETAILS *(Please Print Clearly)*

1. OWNER NAME: _____
2. SHAREHOLDER NO: _____ NUMBER OF SHARES HELD: _____
3. POSTAL ADDRESS: _____
- PHONE NUMBER: _____ E-MAIL: _____

STUDENT DETAILS *(Please Print Clearly)*

1. FULL NAME OF STUDENT: _____ Male / Female
2. DATE OF BIRTH: _____ E-MAIL: _____
3. POSTAL ADDRESS: _____
- PHONE NUMBER: _____
4. RELATIONSHIP OF STUDENT TO TUAROPAKI OWNER: *Please Tick Box*
- SELF CHILD GRANDCHILD OTHER (Please specify) _____

TERTIARY STUDENTS ONLY

- ◆ POST GRADUATE STUDIES BY RESEARCH BY FULL TIME STUDY BY PART TIME STUDY
- ◆ BACHELOR DEGREE FULL TIME PART TIME
- ◆ UNDERGRADUATE FULL TIME PART TIME

DIPLOMA/CERTIFICATES ETC INCLUDING APPRENTICESHIP STUDIES

Only courses and Institutions approved by the Ministry of Education, Tertiary Education Commission and the New Zealand Qualifications Authority will be accepted. Free courses are not eligible.

NAME OF COURSE: _____

LENGTH OF COURSE: This is Year _____ of a _____ year course (e.g. Year 2 of a 4 years course)

FULL NAME AND ADDRESS OF EDUCATION ESTABLISHMENT: _____

SECONDARY STUDENTS ONLY

- ◆ YEAR 11, 12 OR 13 FULL-TIME STUDENT YEAR 11 YEAR 12 YEAR 13

- ◆ OTHER, e.g. YEAR 9 – 10 ENROLLED IN AT LEAST ONE YEAR 11 SUBJECT

(PROVIDING FOR A MINIMUM OF 7 LEVEL 1 CREDITS)

DETAILS PLEASE: _____

FULL NAME AND ADDRESS OF EDUCATION ESTABLISHMENT: _____

DIRECT CREDIT DETAILS

1. Bank account in the name of: _____
2. Bank account number: _____
- A copy of deposit slip must be attached*

Signature of Applicant: _____ Date: _____

Signature of Owner: _____ Date: _____

(If the owner is a Whanau Trust, this application must be signed by the person that is listed with our office as being the Whanau Trust's Chair or Secretary)

ATTENDANCE CERTIFICATE

Full Name of Student: _____

1. TERTIARY STUDENTS

- Compulsory: ATTACH COPY OF COURSE DETAILS –SHOWING ENROLMENT IN 2009 COURSES (Verified by Maori Liaison or equivalent)
- ATTACH A COPY OF FEES INVOICE/RECEIPT FOR 2009 COURSES

- Optional: ATTACH A COPY OF YOUR ACADEMIC TRANSCRIPT
- 1ST YEAR STUDENTS MAY WISH TO ATTACH A COPY OF YOUR NCEA CREDITS AS AT END OF SECONDARY SCHOOL.

FURTHER INFORMATION: _____

2. SECONDARY STUDENTS

- Compulsory: ATTACH COPY OF COURSE DETAILS –SHOWING ENROLMENT IN 2009 COURSES
- DECLARATION SIGNED BY PRINCIPAL OR YEAR DEAN (AS BELOW)

- Optional: A COPY OF YOUR NCEA CREDITS TO DATE

Secondary School Declaration:

I confirm that _____ is a student at _____ secondary school for the 2009 academic year. They are a year 11-13 student, or a year 9-10 student enrolled in at least one year 11 subject which provides for at least seven Level 1 NCEA credits.

NAME: _____ POSITION: _____

SIGNED: _____ DATE: _____

Must be signed by School Principal or Year Dean from the Secondary School

(Signature to be accompanied by the schools common seal or documentation verifying the position held at the Secondary School, e.g. letterhead or business card)

APPLICATIONS CLOSE 31 March 2009

LATE OR INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

Return completed form to:

THE SECRETARY
TUAROPAKI TRUST
Strettons
PO Box 214, TAUPO