

TUAROPAKI TRUST
Application for Scholarship Grant 2009 – 2011

OWNER DETAILS: *(Please Print Clearly)*

1. OWNER NAME: _____

2. SHAREHOLDER NO: _____ NUMBER OF SHARES HELD: _____

3. POSTAL ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

STUDENT DETAILS:

1. FULL NAME OF STUDENT: _____

2. POSTAL ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

3. RELATIONSHIP OF STUDENT TO TUAROPAKI OWNER: *Please Tick*

SELF CHILD GRANDCHILD

OTHER (PLEASE EXPLAIN RELATIONSHIP) _____

SCHOLARSHIP APPLIED FOR: *Please Tick Box*

- POST GRADUATE (PLEASE SPECIFY) BY RESEARCH BY STUDY
(POST GRADUATE STUDENTS ARE ELIGIBLE TO APPLY FOR ALL OTHER SCHOLARSHIPS ALSO)
- SCIENCE (GEOLOGY (GEOTHERMAL) / ENGINEERING / COMMUNICATION)
- SCIENCE (HORTICULTURE / AGRICULTURE)
- BUSINESS STUDIES (ECONOMICS / FINANCE / COMMERCE / LAW)
- MAORI (LANGUAGE / CULTURE / DEVELOPMENT)

WHAT QUALIFICATION ARE YOU STUDYING TOWARDS? _____

FULL NAME AND ADDRESS OF EDUCATION ESTABLISHMENT: _____

HOW DOES YOUR STUDY RELATE TO THE SCHOLARSHIP CATEGORY YOU ARE APPLYING FOR? _____

LENGTH OF COURSE: This is year _____ of a _____ year course *(eg year 2 of a 4 year course)*

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 (Owner): _____ Date: _____
(If the owner is a Whanau Trust, signature must be the person listed with our office, as being the Whanau Trust Chairman or Secretary)

Signature of Applicant (Student): _____ Date: _____

DETAILS OF SCHOLARSHIP GRANTS 2009

At the 2002 Annual General Meeting provision was made to provide scholarships in the area of Tuaropaki's business operations. Preference is shown to students that are studying in an area directly related to Tuaropaki's business operations. If you are not familiar with our business operations, check our website at www.tuaropaki.com. You should show how your course of study relates to our businesses.

Successful applicants will receive a grant every year for three years, as long as they remain enrolled and in pursuit of their qualification. Successful applicant will be required to successfully complete/pass enrolled papers each year. Copies of academic transcripts will be required as Milestone Reports.

On accepting a Tuaropaki scholarship, successful applicants give permission for the Tuaropaki Trust to use their name, image, course of study and extracts from their covering letter for publicity purposes.

On accepting a Tuaropaki scholarship, I agree to inform the Trust of my successful graduation, and to attend the 'Annual General Meeting of Owners' that year, or the following year, to acknowledge the scholarship and celebrate success with the owners.

Signed: _____

The decision to grant and the continued payment of the scholarship is at the sole discretion of the Tuaropaki trustees.

HAVE I COMPLETED ALL FOUR PAGES OF MY APPLICATION REQUIREMENTS { Please Tick Box}

- | | |
|--|--------------------------|
| ◆ COVERING LETTER, HIGHLIGHTING YOUR ASPIRATIONS FOR THE FUTURE
AND HOW YOUR CURRENT STUDY WILL HELP YOU ACHIEVE THIS | <input type="checkbox"/> |
| ◆ APPLICATION FORM COMPLETE | <input type="checkbox"/> |
| ◆ OWNER DETAILS CORRECT, OWNER SIGNATURE | <input type="checkbox"/> |
| ◆ ACADEMIC TRANSCRIPT (DATED 2009) VERIFIED BY INSTITUTE | <input type="checkbox"/> |
| ◆ CHARACTER REFEREE NAMED | <input type="checkbox"/> |
| ◆ CHARACTER REFERENCE COMPLETED BY REFEREE | <input type="checkbox"/> |
| ◆ CONTACT DETAILS PROVIDED BY ALL | <input type="checkbox"/> |
| ◆ COPY OF FEES INVOICE (FREE COURSES ARE NOT ELIGIBLE) | <input type="checkbox"/> |

Return completed application forms, by 20th May 2009, to:

**SECRETARY
TUAROPAKI TRUST
STRETTONS
PO BOX 214, TAUPO**