

TE HANGA SOUTH TRUST
EDUCATION GRANT APPLICATION FORM A

Education Grant Criteria: for a Whare Waananga, University or Tertiary Institute

1. The applicant must show that they are an owner, a descendant of an owner, or a beneficiary of a Whanau Trust that holds shares in the Te Hanga South Trust by producing a verified copy of their whakapapa signed by an owner or kaumatua.
2. Must be enrolled **and** attending, a Whare Wānanga, University, Institute of Technology or recognised Tertiary Institute where the course is a NZQA accredited or Mana Tohu Matauranga o Aotearoa
3. Applicants must produce verification of the course
4. Applicants must provide a copy of the tuition fee invoice (unless qualifying for FEES FREE) and, where applicable, **two quotes** of specialist technology equipment necessary for study course

- A. Applicants are to **provide a written report** to the Te Hanga South Trust **at the end of the 12 months** or, where the course is part-time, at **the completion of the course**
- B. Applicants must agree that reports may be **included** on the **Te Hanga South Trust website**
- C. Applicants may be required to present a report at a Meeting of Owners if requested
- D. Only **one application per annum** will be accepted
- E. Applications will open on the 1st of each month & close on the last day of each month
- F. Successful applicants should receive their grant electronically in the month following if not beforehand
- G. All grants will be at the discretion of the Trustees
- H. Grants are available annually unless decided otherwise by the Trustees
- I. Incomplete applications will not be considered
- J. Where an applicant is a beneficiary/descendant of a Whanau Trust then this application form must be signed off by an appropriate person of that Whanau Trust

Name: _____

Address: _____

Phone: (Home) _____ (mobile) _____

Email: _____

Bank Account: _____

IRD Number: _____ Date of Birth: _____

Institution: _____

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Course Name: _____

Tuition Fees (invoice attached) _____

Specialist technology equipment quotes _____

As the Applicant or guardian of the above-named person I agree to Te Hanga South Trust using any of the above information and reports provided by me may be published on their website or any other promotional material.

Signature: _____

Applicants Relationship to Owner: _____

Owners Signature: _____

(This is the person recognised in the Maori Land Court ownership schedule)

Whanau Trust Name: (if applicable) _____

Whanau Trust Trustee signature: (if applicable) _____

Complete attached Whakapapa page

Completed forms with the required documents to:

Te Hanga South Trust, PO Box 7233, Hamilton East, Hamilton 3247 or emailed to: office@ashergroup.co.nz

Website: www.tehangasouth.nz

Applications are available from: office@ashergroup.co.nz

Office Use Only

Application is: ☐ Approved ☐ Not Approved Amount Approved

ID No#

Trustee approving:

Date: