

TE HANGA SOUTH TRUST

EDUCATION GRANT APPLICATION FORM C

Special Needs Education Grant Criteria:

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 the owner or kaumatua.
2. Where this application is NOT for the applicant then the person requiring a SPECIAL NEEDS EDUCATION grant must be an immediate whanau member of the applicant
3. The applicant must provide a written outline of the reasons for the grant outlining their SPECIAL NEED situation
4. The applicant must provide appropriate invoices or quotes

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| <p>A. Applicants are to provide a written report to the Te Hanga South Trust at the end of the 12 months</p> <p>B. Applicants must agree that reports may be included on the Te Hanga South Trust website or for promotional purposes</p> <p>C. Applicants may be required to present a report at a Meeting of Owners if requested</p> <p>D. Only one application per annum will be accepted</p> <p>E. Applications will open on the 1st of each month & close on the last day of each month</p> <p>F. Successful applicants should receive their grant electronically in the month following if not beforehand</p> <p>G. All grants will be at the discretion of the Trustees</p> <p>H. Grants are available annually unless decided otherwise by the Trustees</p> <p>I. Incomplete applications will not be considered</p> <p>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</p> |
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Name of applicant: _____

Address: _____

Phone: (Home) _____ (mobile) _____

Email: _____

Bank Account: _____

IRD Number: _____

Outline what you're applying for on a separate piece of paper and complete the application form below
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Name of whanau member for whom this Special Needs Education Grant is for (IF NOT FOR THE APPLICANT):

TE HANGA SOUTH TRUST
EDUCATION GRANT APPLICATION FORM C

Date of Birth: _____

Purpose of Grant: _____

Type of Special Need: _____

Invoice or receipt: _____

2 Letters of support: _____

Any other relevant information: _____

As the Applicant and parent/guardian I agree to Te Hanga South Trust using any of the above information and reports provided by me or my child/ren for their website or promotion publicity.

Signature: _____ Relationship to Owner _____

Whanau Trust Name: (if applicable) _____

Whanau Trust Trustee signature: _____

Complete Whakapapa Page

Completed forms with the required documents to: Te Hanga South Trust, PO Box 7233, Hamilton East, Hamilton 3247 or email to: office@ashergroup.co.nz Website: www.tehangasouth.nz

Completed forms with the required documents to:

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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: