

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

- A. Applicants are to **provide a written report** to the Te Hanga South Trust **at the end of the 12 months**.
- B. Applicants must agree that reports may be **included** on the **Te Hanga South Trust website or for promotional purposes**.
- 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 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

Name of whanau member for whom this Special Needs Education Grant is for (IF NOT FOR THE APPLICANT):

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:
grants@tehangasouth.nz

Office Use Only

Application is:	Approved	Not Approved	Amount Approved
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ID No#

Trustee approving:

Date: