TIROA E & TE HAPE B TRUST

TERTIARY EDUCATION GRANTS 2024

CLOSING DATE: Friday 29th March 2024

SECTION A APPLICATION CRITERIA

- 1. Applicants must be an Owner or a descendent of an Owner.
- If your application is approved your name and the amount you receive will be made available as part of Tiroa E
 Te Hape B Trusts financial accountability.
- 3. Approval of your application will be at the sole discretion of the Trustees.

SECTION B APPLICATION GUIDELINES

Information must be verified by the tertiary provider from which the information was issued. Grants for part time tertiary students will be made on a pro rata basis.

The application must be signed by the owner who is applying or on behalf of the applicant. If you are applying on behalf of a niece, nephew, mokopuna or whangai, please supply as much whakapapa detail as possible for the applicant. If you are under 18 years of age this form must be counter signed by a parent or guardian.

Please direct any enquiries to Camilla Ngatai 07 878 8640 or camilla@tiroatehape.maori.nz

SECTION C IMPORTANT DATES

Applications MUST be received at the office of the Trusts no later than 4:30pm Friday 29th March 2024.

Applicants will be notified by Monday 8th April 2024 regarding the outcome of their application and payments will be made following this notification.

SECTION D RETURN ADDRESS FOR APPLICATIONS

Please return your application to:

Education Grants

Tiroa E Trust

PO Box 51

TE KUITI 3941

SECTION E GRANTS

Bank Account Number:

Level	Value
Master or PhD	\$500
Postgraduate	\$500
Bachelors	\$500
Certificate or Diploma	\$300

SECTION 1 STUDEN	T DETAILS		
Surname:			
First Names:			
Shareholder Number			
Postal Address:			
Telephone Number:			
Mobile Number:			
Email Address:			
Relationship to Owner:	SelfOther (iramutu,	☐ Child mokopuna, whangai – must wha	☐ Grandchild kapapa to the Shareholder)
SECTION 2 FINANCIA	AL DETAILS (Please A	ttach Verified Deposit Slip)	
Name of Account Holder:			

SECTION 3	OWNER	S DETAILS
Surname:		
First Names:		<u> </u>
Shareholder	Number	
Postal Addre	ess:	
Telephone N	lumber:	<u> </u>
Mobile Numb	oer:	
Email Addres	SS:	
SECTION 4	STUDY	DETAILS (Please Attach Enrolment Letter from your Tertiary Provider)
Tertiary Provid	der:	
Name of Cour	rse:	
Full Time or P	Part Time:	
SECTION 5	DECLAR	RATION
	<i>9</i>)	I certify that all information supplied in this application is true and correct and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by the due date.
		I consent to my name and education details being made available to Tiroa E & Te Hape B Trusts for use in any publication of the Trusts.
	2	I consent to the tertiary institution with which I am enrolled releasing any information required concerning my application form to Tiroa E & Te Hape B Trusts in accordance with the Privacy Act 1993 and the Education Act 1989.
	9	I consent to Tiroa E & Te Hape B Trusts contacting any third party to verify tha information provided in this application is true and correct in accordance with the Privacy Act 1993.
Signature of A	Applicant/Ov	vner:
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