



# TIROA E & TE HAPE B TRUST

## SECONDARY

### EDUCATION GRANTS 2025

**CLOSING DATE: Friday 28<sup>th</sup> March 2025**

#### SECTION A APPLICATION CRITERIA

1. Applicants must be an Owner or a descendent of an Owner.
2. 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 school from which the information was issued. Secondary Study Grants will be paid directly to the applicants school.

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 Sharon Williams 07 878 8640 or [sharon@tiroatehape.maori.nz](mailto:sharon@tiroatehape.maori.nz)

#### SECTION C IMPORTANT DATES

Applications **MUST** be received at the office of the Trusts no later than 4:30pm Friday 28<sup>th</sup> March 2025.

Applicants will be notified by Monday 7<sup>th</sup> April 2025 regarding the outcome of their application and payments will be made following this notification.

#### SECTION D RETURN ADDRESS FOR APPLICATIONS

Education Grants  
Tiroa E Trust  
PO Box 51  
TE KUITI 3941

#### SECTION E GRANTS

Level	Value
Years 9-13	\$200

#### SECTION 1 STUDENT DETAILS

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Shareholder Number \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Relationship to Owner:     Self                                       Child                                       Grandchild  
 Other (iramutu, mokopuna, whangai – must whakapapa to the Shareholder)

#### SECTION 2 FINANCIAL DETAILS (Please Attach Verified Deposit Slip)

Name of School Account: \_\_\_\_\_

Bank Account Number of      -     -       -

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**SECTION 3 OWNERS DETAILS**

Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Shareholder Number \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Email Address: \_\_\_\_\_





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**SECTION 4 STUDY DETAILS (Please Attach Enrolment Letter from your school)**

Name of School: \_\_\_\_\_

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**SECTION 5 DECLARATION**

-  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.
-  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.
-  I consent to Tiroa E & Te Hape B Trusts contacting any third party to verify that information provided in this application is true and correct in accordance with the Privacy Act 1993.

Signature of Applicant/Owner: \_\_\_\_\_

Signature of Student or Legal Guardian \_\_\_\_\_

Date: \_\_\_\_\_

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